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## ORIGINAL ARTICLES.

### RETROSPECTIVE THERAPEUTICS.

BY ALFRED K. HILLS.

THE therapist of to-day cannot rest supinely munching over the *materia medica* and clinical medicine which he learned in college twenty years ago, and expect results which he might otherwise obtain. Neither can he expect to be equal to the best, unless he keeps up with the current literature, for new facts are constantly being developed, and it is only by incessant reading that we can any of us keep abreast the times.

The tendency with most practitioners is to bring their prescribing within the scope of a few well-known drugs. While this may be sound practice in general, at the same time we cannot afford to ignore the newer candidates on account of the fact that "there are just as good fish in the sea as have ever been caught."

Dr. R. C. Huse, in his prize essay read before the North Essex (Mass.) District Med. Society, began by calling attention to the general tendency toward simplicity in therapeutics. The more pronounced the action of a drug in health, the more we turn to it in the hope of realizing that action in disease. The essayist closed with the following summary of the purport of his paper: "What I wish to convey in this paper is this: while we have a multitude of new remedies which no man can number, we are losing sight of the value of old remedies of positive, and, perhaps, unknown value, simply because we do not investigate thoroughly their scope. Nor should we employ complicated and heterogeneous mixtures for prescriptions. Make the remedies simple, and watch the effect of one at a time. Don't cover up a less potent remedy with a dose of morphine, which obtrudes all the sensibilities and obscures all the symptomatology."

This advice of Dr. Huse undoubtedly sounds the key-note of progressive therapeutics of the present day. There is, certainly, a tendency to simplicity in therapeutics, and also to more careful individualization in the selection of drugs in disease, and to this end we should all labor. If

our medicines are used singly and their action not obscured by narcotics, not only will the results prove more satisfactory, but the clinical reports will be of value as experience to ourselves and to others. I think that physicians, as a rule, depend too exclusively upon drugs as their only therapeutic means. There are many agents beside which may be of immense advantage from a therapeutic standpoint. Indeed, if I were obliged to discard either, I would discard drugs and retain the other means which I have found of such excellent service in the treatment of disease. We would not know how at this day, as progressive therapists, to dispense with the dietary rules which are important in every case of illness; with the applications of heat and cold, as they may be indicated; with massage and electricity when required, with the various baths which have been invented, all of which should have a place in our therapeia, and a variety of other agents with which observing and skillful practitioners are quite familiar.

The latest therapeutic procedure is that of transferring affections from one to another.

Dr. Charcot has been continuing with considerable success experiments on hysteric and hypnotic patients. Having satisfied himself as to the possibility of transferring paralysis, nervous contractions and cataleptic symptoms from one patient to another, he next set to work to apply the test to hysteric dumbness. It is a well-known fact that people afflicted with hysteric epilepsy suddenly become tongue-tied and remain so for many years. A female patient afflicted in this manner but who was otherwise of robust constitution, was placed back to back with a woman who had been a long time cataleptic. By means of the magnet the dumbness was transferred from one patient to the other with the same regularity that marked the experiments in paralysis. By continuing the experiments Dr. Charcot hopes to be able to completely restore speech to the tongue-tied patient. The same experiment was repeated with male patients, and with the same promising results. It would, of course, be premature to call Dr. Charcot's wonderful studies pre-eminently successful in their immediate results, as exemplified by the strange experiments which have been made, but no one can doubt that, like Claude

Bernard's in another field, they open up a vast vista in pathological and physiological science.

**Polygonum Punctatum** (smart-weed, water pepper).—This remedy, according to Dr. I. J. M. Goss, is the only successful one in retention of urine, from paralysis of the bladder, owing to distention or other causes. The aqueous extract is the best for this purpose. It is also a very active emmenagogue.

**Chrysarobin**.—Stoegart has treated several cases of infantile eczema by the administration of small doses of chrysarobin. From the one-thirteenth to the one-tenth of a grain was given each day. The cure was accomplished in all the cases within ten days.

**Arctium Lappa**.—The common burdock, belonging to the compositæ, has been used for a long time as a sudorific in skin diseases. According to Dr. Reiter, the tincture of burdock improves the functions of nutrition, of secretion and of assimilation. An alkaloid derived from it, lapine, can be used in the same conditions—*e. g.*, in psoriasis.

**Parthenium Hysterophorus**.—Under the vulgar name of *escoba amarga* (bitter broom) has been used from time immemorial by Cuban country-people, in the form of a decoction, against fevers of a paludal origin, and the good results were always so manifest and clear that physicians, admitting its anti-febrifugal qualities, prescribed it unhesitatingly whenever the salts of cinchona were not at hand. Late experiments by a number of physicians in Havana enable us to partially appreciate the physiological action of one of the alkaloids of this drug, namely, *parthenine*. The following is a *résumé* of the symptoms and changes observed during these experiments: "Heaviness and dullness of head, tendency to vertigo, malaise, apathy, lassitude, profuse and very fluid salivation, sensation of heat and weight in the stomach, increased appetite, gastric intolerance, nausea and vomiting, increased stupor, desire to be quiet, refusal of food and indifference; excitation of the heart beats, or slow beating of the heart; depressed circulation, or general functional activity; pulse accelerated, or slow, weak, soft, compressible, without diastole; progressive slowing of the pulse, followed by syncope, cardiac paralysis (and death); accelerated, or slow, irregular breathing (Cheyne-Stokes); rise and fall of temperature, tremors, shivering, diminished perspiration; dilation of the pupils; convulsions, clonic and tonic; muscular relaxation, anesthesia and increased urine and saliva. The kidneys were found enlarged and congested, with evident signs of san-

guineous stasis. The process of coagulation of the blood was retarded. The red corpuscles increased in volume. There was a fall of the blood pressure, and vascular dilatation (of reflex origin). The heart was found arrested in diastole and the brain anæmic. A marked diminution of reflex action in the hips and extinction of the voluntary movements were noticed; also a transient excitement of the voluntary movements. And finally, the sensibility and the muscular contractility were diminished."

Dr. Ramirez Tovar has reported in several numbers of the *Cronica Médico-Quirúrgica*, of Havana, six cases of intermittent fever treated by him with parthenine, with the best results.

**Alumina**.—Is generally thought of in constipation, but it has been frequently used with excellent success in aggravated forms of diarrhœa, with marasmus, during the period of dentition, especially with anemic children who suffer with profuse leucorrhœa. Bell says, in his work on diarrhœa, page 29: "It is more frequently indicated in chronic diarrhœa, accompanying chlorosis in slender, delicate girls, with a depraved appetite and the aggravation on alternate days. With these symptoms a brilliant cure may be expected, including the chlorosis."

**Carbo Vegetabilis**.—For fifteen years Dr. A. P. Macomber has always given carbo veg. for epistaxis as the first remedy. In but one case has he had occasion to try another remedy, and in that one no remedy was successful. He employs the 5th decimal trituration, three powders daily.

**Indigo**.—Has done good service in whooping cough with profuse nose-bleeding during every paroxysm. It is indicated more especially when the bleeding is from the right nostril.

**Ammonium Bromatum**.—2d. decimal trituration, three or four times a day, is recommended by Eichler as a sovereign remedy in catarrhal cough and coryza, whether it be fresh or of long standing, whether a stopped coryza or fluent. It also cures old chronic coughs quickly and completely, and does good work in chronic laryngeal catarrh, from which preachers suffer—as also does the nearly related amm. jod., 3d dec. trit.

**Oxygen**.—All careful experiments show that in healthy warm-blooded animals the inhalation of pure oxygen causes almost no increase in the amount of oxygen in the blood. This amount is dependent upon another factor, *i. e.*, the amount of hemoglobin in the blood. It is the opinion of Rossbach and Nothnagel, that oxygen inhaled in any manner whatever, has no other effects in kind than the ordinary air supplied in extra abundance. It is possible, however, that oxygen may stimu-

late hematosis just as iron is believed to do. Oxygen has been recommended for a large number of diseases. The best results appear to have been obtained in the dyspnoea of pneumonia, asthma, in asphyxiation, gas poisoning and anemia. Its value in chronic disorders of nutrition is still *sub judice*, and a practical objection to its use is the difficulty and expense of administering it in large amounts for a considerable period.

**Aranea Diadema.**—Under aranea, all the symptoms are worse during damp weather, or from dwelling in damp localities. Especially is this true with what we may call chronic intermittent fever. During this aggravation, the patient complains of chilliness, followed by little or no fever. The chill is apt to recur at some regular period. The spleen is enlarged and the patient subject to hemorrhages. Aranea also cures diarrhoea. The stools are watery, and are associated with great rumbling of the bowels, as from fermentation. The sleep is restless, and the patient on awaking feels as if some part of the body were swollen. Aranea is useful in toothache, especially worse in damp weather, and also as soon as the patient gets into bed—in these respects resembling mercurius. This remedy is also indicated in diseases of the bones, especially of the os calcis, when there is boring, digging pain, in that bone. Sometimes the bones feel like ice.

**Theridion.**—This spider poison is suited to hysterical women, whose minds are very much excited. Time seems to pass very quickly. The patients are talkative. They are subject to headache, which is usually situated over the left eye, and is aggravated by the heat of the sun and by very slight noises. This headache is associated with vertigo and nausea—both worse on closing the eyes. Belladonna headache has the same intolerance of noise. Spigelia has sharp neuralgic pains over the left eye, but these pains come up from the nape of the neck, and pass over the head. The spigelia sick headache is very apt to follow the sun, beginning in the morning, reaching its acme at noon, and gradually subsiding at sunset. Theridion is also suited to the sick headache of nervous women. They shut their eyes to get rid of the motion of the vessel, and they grow deathly sick. The spine is very irritable. So great is the sensitiveness between the vertebræ, that the patient sits sideways in a chair, in order to avoid pressure of its back against the spine. Theridion may also be used in phthisis florida, when characterized by hectic flush, and pain in the apex of the left lung, going through to the back. In respect to this latter symptom, it may be compared

with myrtus communis, pix liquida, sulphur and anisum stellatum.

**Tarantula.**—Tarantula applies more than any others of the spider poisons to hysteria. There is marked spinal irritation, and in particular, great excitability of the nerve-terminations. The patient keeps the hands in constant motion, trying to work off this over-excitability. The playing of a lively piece of music excites her, and starts her off to acting like one crazy. When there are no observers, she has no hysterical attacks. As soon as attention is directed to her, she begins to twitch, etc. When she has headache, it is better from boring the head into the pillow. Rubbing seems to relieve.

Tarantula is palliative in enlargement of the uterus and ovaries. There is pain in the uterine region, associated with constrictive headache. There is also burning pain in the hypogastrium and hips, with sensation as of a great weight in the pelvis. The menses are profuse, and are followed by pruritus vulvæ. The patient feels sore and bruised all over, particularly when moving about. She longs for sleep, but is so nervous that she cannot obtain the rest desired. (Compare kali bromatum and crocus.)

**Mygale Lasidora.**—Another of the spider poisons, is one of our best remedies for uncomplicated cases of chorea. The patient is apt to be low spirited and depressed. She complains of dull pain in the forehead. She has constant twitchings of the muscles of the face. The head is often jerked to one side, usually to the right. There are also twitchings and jerkings of the muscles of one arm and leg, usually the right. Control over the muscles is lost. The patient attempts to put the hand up to the head, when the hand is violently jerked backwards. An effort to talk is made, and words are jerked out.

The most similar remedy to mygale is agaricus, which also has these angular choreic movements. But as a distinctive symptom, we have itching of the eyelids, or of different parts of the body, as if they had been frost-bitten. The eyelids are in constant motion.

This remedy, after having been given to a boy for some time, produced violent erections of the penis, with very painful curvature of the organ. This led to the successful use of it in chordee.

**Yellow Dock.**—Is said by Dr. Hale to cure laryngo-tracheal cough, violent and incessant, with little or no expectoration, with magical rapidity sometimes. If at all beneficial, it manifests itself at once.

**Turpentine.**—In the first dec. trituration, 2 or 3



gr. doses every two or three hours, is very useful in high irritation and congestion of the kidneys.

**Taraxacum**—Is useful in that form of dyspepsia, or condition of the system, attended by that peculiar appearance of the tongue denominated patchy.

**Chionanthus**—Is indicated in cases in which there is a yellow, jaundiced condition of the skin. It is one of the most reliable remedies in congestion of the portal circulation. It also seems to stimulate the lymphatic system, and to possess some diaphoretic and diuretic action.

Dr. F. E. Smith writes to the *Hom. Recorder* that he has been using a fluid extract of this drug for over two years as a specific for so-called sick headache. It has done wonders for him in that disease. He prescribes it as follows: In cases of habitual sick headache 5 gtt. of the second decimal oil three times a day for a week, then twice a day for a week, after which the patient only takes it when symptoms of the attack show themselves. Dr. Smith's experience agrees with the proving made by Dr. Lawsche, published in the *N. A. Journal of Hom.*, vol. xiii., 1883, page 612.

**Hydrastis Canadensis**.—From a rigid physiological examination of this drug by Fellner, in Vienna, we must conclude that it is not only a vasomotor poison, but also a direct heart poison. It produced, likewise, very energetic uterine contraction. Where metrorrhagia is the result of inflammatory conditions of the parts, the exhibition of golden seal will prove a success. It also acts remarkably well as a tonic and digestive.

Dr. Slavatinski suggests that if further experiments show that hydrastin may be used without danger to the mother, it may well replace the use of instruments in cases where premature induction of labor is required. He considers that hydrastin and its salts are more reliable than other preparations of the root. With regard to the dose for therapeutic purposes, he puts the maximum daily quantity at 0.3 grm., when given hypodermically, but would give doses of 0.5 grm. internally.

**Brucine**—In a five per cent. solution, painted in the external auditory meatus, will relieve the pain of furuncles, or of suppuration, and will also prevent pain being felt from the use of instruments or caustics. Brucine is also most effectual in relieving pruritus of the skin, anus or vulva. It has also been applied successfully to the nose and throat. Its action is more permanent than that of cocaine, which latter drug is useless in the earaches.

**Sparteine**.—According to the researches of Ger-

main Sée, an aqueous solution of ten centigrammes of sparteine increases in a remarkable manner the force of the heart and pulse. Its effects are quite as marked as those of digitalis and convallaria, while being much more prompt and more enduring. When the pulse is irregular, intermittent and arrhythmic, sulphate of sparteine rapidly re-establishes the normal type. When the circulation is slackened this medicament seems immediately to oppose this functional trouble, while maintaining or even augmenting the acquired force of the heart muscle. In this property of quickening the heart contractions sparteine resembles belladonna. It seems indicated whenever the myocardium is weakened, whether from fatty degeneration or valvular insufficiency, with failure of compensation.

**Erigeron**—Is the most reliable remedy, according to Hale, for tympanites occurring during typhoid fever, enteritis or peritonitis. Dr. Hale used it internally and locally in enemas, throwing up a half to one dram beaten up with yolk of egg and mixed with a pint or more of milk. The most enormous and dangerous tympanites will disappear after a few such enemas.

**Oreodaphne Cal.**—Dr. J. M. Moore took five drops of tincture and experienced no symptoms except a confusion of the head. After six hours ten drops more were taken, and dizziness, worse on stooping or on moving about, came on, followed by a dull, pressive fronto-occipital headache. This headache passed off during a night's rest. Olfaction of the tincture produce a more intense headache of a similar nature. After a few inhalations, often only one, the following sensations were produced: An intense aching, with pressure at the inner angle of the orbit, right or left, generally left, but never in both simultaneously, extending through the brain and across the scalp to the base of the occiput. This headache lasted from half an hour to seven hours, was aggravated by light, noise and moving, and relieved by closing eyes and perfect quiet.

**Strophanthus Hispidus**—Is a plant belonging to the family of apocynaceæ, and at home in equatorial Africa, where the negroes poison their arrows with it. It is, according to experiments, a strong poison to the muscular fibre. In infinitesimal doses it retards the action of the heart, whereas in toxic doses the heart stops in systole. This action is brought about entirely without the influence of the nervous system. The therapeutic action on the heart is accompanied by an increase of tension in the arterial system, and sometimes by increased urinary secretion and diminished



temperature. Five drops of the tincture up to twenty may be considered a dose. It differs from digitalis inasmuch as it acts with greater force on the heart than on the blood vessels. It ought to be indicated in all cases where circulatory disturbances are of central origin.

**Manzanita.**—The manzanita (*arctostaphylos glauca*) is a dense growingshrub with a peculiar green foliage, which contrasts strongly with its thorny claret-colored stems. Experience has proven it to be a most valuable medicine, rivaling and excelling in its therapeutic effects many well-known and costly foreign drugs. It occurs pretty generally throughout California, in the coast valleys and the ranges of the Sierra Nevada, up to near the limit of perpetual snow.

The leaves are the portion of the plant used in medicine. When chewed they excite to a marked degree the flow of saliva, and give a peculiar strongly astringent slightly bitter taste, afterward sweetish. Manzanita is astringent and tonic, with a specific direction to the urinary organs. It would doubtless prove useful as an anti-lithic, and cases have been reported of its having been extremely serviceable in gravel, acting, as it was thought, partly by direct action on the kidneys and partly by giving tone to the digestive system, thereby preventing a secretion or precipitation of calculeous matter.

Diabetes, catarrh of the bladder, incontinence of urine, gleet, leucorrhœa and menorrhagia are among the diseases which would doubtless be considerably alleviated, and, in the majority of cases, cured by the judicious use of the manzanita.

The fluid extract, which should be made so that one fluid ounce represents one Troy ounce of the leaves, can be given in doses of thirty to sixty drops three times a day.

**Acidum Arsenici Hydriodicum.**—Dr. Percy Wilde uses this preparation with success in general debility associated with glandular enlargement, and in chronic consolidation of the lung, following a low grade of pneumonia, with cough and yellow or white expectoration. This frequently precedes phthisis. Again, this acid is used in coryza, in influenza, in sub-acute laryngitis with wheezing and whistling sounds and constant hacking cough, and also in chronic articular or muscular rheumatism in elderly or debilitated people. Useful in acute gout as soon as the inflammatory symptoms have subsided. Here it greatly aids in restoring the use of the foot.

**Pelletierine.**—Has been found by Dr. Galezowski, of Paris, to be a remedy for paralysis of branches

of the third and sixth cranial nerves, improvement or cure having followed in several instances after three to six doses. It is also the most reliable remedy in tape worm.

**Lathyrus.**—In a case of complete paralysis of the lower extremities (diagnosed "congestion of the spine"), reported in the *Medical Current* by Dr. W. E. Reed, the symptoms were similar to those of lathyrus sat. This remedy was accordingly given, in the sixth attenuation, about four times a day. In forty-eight hours there were signs of improvement, and at the end of three weeks the patient was out. At the time of the report, eight months afterward, there had been no return of the symptoms.

**Ethoxy-Caffeine.**—This is a new substitution-derivative of caffeine. It causes stupefaction and paralysis without affecting the circulation, or to any great extent the motor apparatus. In man, after doses of four and a half to seven and a half grains the arterial tension is raised (the pulse increasing two to six beats per minute), the face reddens, sweating and a soporous state sets in. Doses of seven and a half to eleven grains produce severe headache and coma. Doses of one and a half to seven and a half grains cause a somewhat sounder sleep than normally present, still larger doses disturbing the sleep. The results obtained in Megrim, by Filehne and Dujardin-Beaumetz, were highly satisfactory. Dujardin-Beaumetz advises giving no larger doses than three grains, since seven grains can produce gastric cramps, nausea, and even cerebral disturbances. In cases of prosopalgia the drug served likewise to bring relief and cause sleep.

**Caffeine as a Substitute for Digitalis.**—Dr. James Stewart, in an article in the *Canada Medical and Surgical Journal*, says: In the form of a double salt, as natro-benzoate or natro-cinnamate, its action may be summed up as follows:

1. It strengthens, slows and steadies a weak, fast and irregular heart.
2. It quickly acts as a diuretic in cardiac dropsy, owing to its power of (a) raising the blood pressure, and (b) of stimulating the secreting structure of the kidneys.
3. It is of marked use in the same class of cases as digitalis is. It differs, however, from this drug in the following particulars: (a) It is less powerful as a cardiac tonic; (b) it is a more powerful and prompt diuretic, and for this reason it gives relief quickly from all the troublesome subjective symptoms of cardiac failure.

The dose of any of the double salts of caffeine should not exceed thirty grains in the twenty-

four hours, this quantity being equal to about twenty grains of the pure alkaloid. Usually half the above dose will answer all purposes. The double salts are prepared by Merck, of Darmstadt. They can be prepared extemporaneously. The following formula contains in each tablespoonful about one gram (fifteen grains) of caffeine:

Caffeine.....	15.00 gr.	230
Benzoate of soda.....	15.00 gr.	230
Water.....	250.00	℥ viii.

The doses of caffeine usually ordered (two or three grains) are quite inadequate to act as either diuretics or cardiac tonics.

**Ergot.**—The noteworthy constituents of ergot have been shown by Kobert to be ergotinic acid, which does not promote uterine contractions, and cornutine and sphacelinic acid, which do. Cornutine acts by influencing directly the center for the uterine contractions situated in the spinal cord, but sphacelinic acid acts directly upon the uterus itself. And the combined action of these two substances is necessary if we wish to produce the action of ergot upon the uterus and yet avoid any other untoward effects. Therefore, the only rational preparation for use in cases of parturition is one which contains all the cornutine and sphacelinic acid, but no ergotinic acid, for the latter is very injurious to the stomach, and has no influence upon the uterus.

An article answering the above indications is prepared and supplied commercially by Gehe & Co., under the name of *extractum secalis cornutino-sphacelinum kobert*. This is, of course, not in any way identical with other ergotins now in the market. Internally administered, it was, when fresh, exceedingly active, producing abortion with absolute certainty in pregnant animals. In the form of pills, it has been employed with success in man to stop hemorrhages in various organs, and also in the treatment of vascular dilatation in cutaneous diseases. Unfortunately, it does not keep well for more than six months, and must each year be prepared afresh. Professor Kobert states that neither ergot itself nor any of the numerous commercial and European and American preparations which he has examined have retained their therapeutic powers for more than twelve months. Of course the ergotinic acid remains unaffected, but this is valueless.

**Berberis Aquifolium.**—The fruit of the berberis aquifolium and *b. repens*, known as the Oregon grape, is extensively employed by miners and the country people of the Pacific States as a blood purifier and an anti-periodic, and is also made in

confections and generally eaten, acting as an anti-scorbutic and claimed to be of much benefit to those long deprived of fruit. The root is the part of the plant, however, which is used as a therapeutic agent.

Dr. Newlands of Cincinnati writes: "I have had the most radical effect with the fluid extract of berberis aquifolium in treating scrofula, and in my cases of salt rheum and secondary syphilis, all persons to whom I gave it got well." The fluid extract is best made by using diluted alcohol as a menstruum, and proceeding as per pharmacopeia. The dose is from ten to twenty drops and sometimes more, administered preferably in some pleasant vehicle like simple syrup.

**Mimosa Pudica** (Choven).—This is an evergreen plant growing in the American tropics, said to be possessed of remarkable properties. An infusion of the roots produces immediately marked aphrodisiac effects; while an infusion of the leaves and branches produces just as marked anaphrodisiac results. The Indians produce with it impotence or sexual furor at pleasure. If these facts be true, it will undoubtedly prove of great benefit to therapeutics. It has not yet been subjected to investigation.

**Iodol.**—This substance has been found to be a powerful antiseptic, having an anesthetic action and promoting the granulation of wounds. It is soluble in alcohol, chloroform, ether, and slightly in olive oil. It contains nearly ninety per cent. of iodine, and is free from the disagreeable odor which characterizes iodoform. It is highly recommended for specific and other ulcerations in which there is a tendency to gangrene. Buboës may be cured by an injection of a solution of one part of iodol to sixteen of alcohol and thirty-four of pure glycerine. It is undoubtedly the coming dressing for wounds.

**Terpinol.**—Highly spoken of by Professor Dujardin-Beaumetz as a pulmonary medicament, and particularly recommended in catarrhal affections of the bronchi. Dose, one to two minims in capsules, dispensed according to Tanret's formula.

**Pyridine.**—This new inhalant was first used by Professor Sée, of Paris, in the treatment of asthma and dyspnoea of the heart. One or two repetitions of the inhalation are said to cure dyspnoea.

**Kola Nut.**—Dr. Hudson reports a case of intermittent and irregular heart's action, with dyspnoea and faintness, occurring as a consequence of endocarditis in a rheumatic subject, in which the use of about 150 grs. of kola paste, taken once or twice a day, in hot milk, prepared like chocolate,

caused great relief. The heart's action became more regular, dyspnea and faintness disappeared, and the violent headaches to which the patient had been previously subject were prevented. The employment of the kola seemed to be satisfying to the appetite, and the bodily weight increased from ninety-eight to one hundred and five pounds. The action of kola is generally attributed to the caffeine which it contains, but Dr. Hudson states that in this case both caffeine and convallaria had been employed without success, while the action of digitalis was only temporary and palliative.

### ON DIET IN DIABETES.\*

BY PROF. DUJARDIN-BEAUMETZ, M. D.

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THE hygienic treatment must fulfil the two following great conditions: On the one hand it must reduce to their minimum foods which introduced into the economy may furnish glucose, and on the other energize as much as possible the combustion of the glucose formed in the economy.

But, before entering into the details of this treatment, I must say a few words about the prognosis of diabetes. This prognosis is entirely based on the effects of an anti-diabetic regimen rigorously followed. Never forget, in fact, that it is not the quantity of sugar voided daily in the urine which constitutes the gravity of the prognosis in diabetes; it is the greater or less facility with which the sugar disappears under the influence of diet.

In this respect we meet with three forms of diabetes which I have called *mild diabetes*, *diabetes of medium intensity* and *grave diabetes*.

In his interesting studies on diet in glycosuria, Duhomme has given to these three forms the names of simple uroglycosis, mixed uroglycosis, and complex uroglycosis.†

In mild diabetes, by the simple fact of an appropriate alimentary treatment the sugar disappears rapidly and completely from the urine, whatever may have been the quantity previously voided. I have for my part seen great numbers of diabetics who were losing daily from four to eight ounces of sugar, and who after eight days of treatment according to Bouchardat excreted none at all. It should be understood that in these patients the least infraction of diabetic

rules brought back the glycosuria; these are the mild cases.

In diabetes of medium intensity, you will diminish considerably by rigid dieting the quantity of sugar voided, without, however, causing it to disappear entirely, and there will always be an amount in the urine varying between ten and twenty grammes. Bouchardat calls these cases "*petits diabetiques*," that is, *little diabetics*. Often certain medicines will cause, in these patients, complete disappearance of the sugar.

Lastly, in the grave forms of diabetes, whatever may be the rigorousness of your dietetic rules, the quantity of sugar eliminated is always considerable, and when the food which these persons eat does not contain the elements proper for making sugar the substance of their muscles is transformed into glycogen and urea. These are the lean diabetics, the azoturic diabetics, all condemned to a sure and speedy death.

As you see, the prognosis depends entirely on the results of diabetic treatment. What, then, should be the diet in diabetes? Exclusive regimens have been proposed, and mixed regimens. The former are two in number—the adipo-carneous and the milk regimen. Cantani has the most earnestly advocated a rigorous flesh and fat diet treatment; he allows nothing but meat and fat. The fats are designed to take the place of the carbo-hydrates, of which he deprives his patients entirely. The patient can eat no vegetable, no starchy food of any kind, and no eggs. Salt is permitted, as well as salt meats and salt fish. To this treatment Cantani conjoins the usage of lactic acid. This is administered under two forms: as pure lactic acid, in the dose of fifteen to thirty grains in four ounces of water, and half an ounce of fennel water, three times a day, or in the form of an alkaline lactate, eight grains of bi-carbonate of soda being added to four ounces of the lactic acid solution above mentioned. This dose of lactate of soda is repeated every hour or every two hours. Lastly, at the end of a certain time, fifteen or twenty days, if the sugar is not all gone from the urine, Cantani orders a twenty-four hour's fast.

Cantani's treatment has had few partisans, and this for several reasons. First, by reason of the repugnance of patients to eating nothing but meat and fat, a repugnance such that many of these prefer to remain diabetic rather than persevere with such a diet. Moreover, an exclusively meat diet notably augments the azoturia of these patients, already predisposed thereto by the fact of their diabetes. Likewise the uric acid gravel with which many diabetics are affected is mark-

\* An abstract from advance sheets in *Boston M. and S. Jour.*

† Duhomme. On Diet in Glycosuria. (Bull. et Mém. de la Soc. de Thérapeutique. Séances des 23 Nov., 1881; 14 Mars., 1883; 13 Jan., 1886).



edly aggravated under this regimen. In fact, if we may trust Jaemiche, Caplick, Bond, Windl and Ebstein, the meat diet determines the presence of acetone in the urine and thereby favors acetonaemia in the diabetic.\* I discard, then, for these reasons the exclusive adipo-carneous regimen.

Donkin, an English physician, was the first to advise an exclusive milk diet in diabetes. This is his method of treatment: he begins with four to six pints of skim-milk a day, and gradually increases to twelve pints. Of these twelve pints, seven or eight only should be taken liquid, the rest is ingested in the state of curds. The milk should be drunk tepid. At the end of a fortnight, according to Donkin, the sugar will have completely disappeared from the urine.†

I do not know whether cases of amelioration obtained by this method are numerous; Kultz, who has tried it, affirms that he has derived no good result. For my part I think it a dangerous treatment. Just think of giving to a polydipsic patient six quarts of milk a day! Think of giving him, moreover, a substance which contains a notable quantity of sugar! Such treatment can but aggravate the malady. I have always seen in diabetic patients that were allowed to drink freely of milk a marked augmentation of their glycosuria, and like Bouchardat, I discard milk from the dietary of the diabetic.

We are indebted to Bouchardat for the principle of the mixed alimentary treatment of diabetes, and in formulating these principles in so exact and practical a manner, my venerated master has earned the gratitude of the entire medical profession, for now we are able by diet alone to cause sugar entirely to disappear from the urine in a great many cases, and in all we obtain a marked amelioration.

In order that you may sufficiently grasp the importance of this regimen, I will consider it under three heads—bread, drinks, and foods allowed and forbidden.

Bread is an aliment which may well be called indispensable, so accustomed are we to it from our earliest childhood, and the introduction of gluten bread into the dietary of the diabetic, for which we are indebted to Bouchardat, is one of the most important parts of this alimentary regimen. Many patients, in fact, refuse to eat when bread is not given them, and you should not forget that voluntary or involuntary abstinence is always

prejudicial to diabetic patients. Habitually gross eaters, the diabetic have need of a reparative and substantial diet, and when you come to cut off the necessary supplies of food, grave symptoms on the part of the patient are almost sure to supervene; he grows feeble, emaciates, and becomes a suitable culture soil for bacilli to thrive in. You ought, then, as far as possible, to respect the appetite of diabetic patients, and do nothing to impair it; and this is one of the causes which have led us to abandon the exclusive regimens.

Bread is an alimentary necessity, and you will recognize this fact by ordering gluten bread. But gluten bread is of variable quality, some bakers having more starch, some less in their gluten bread. The French gluten bread, which is dried in slices, contains the least proportion of amylaceous principles. Bouchardat was prone to order Cormier's brand. This kind of bread, however free it may be from starch, and however well it may fill the indications, often fails to satisfy the patient, who is apt to fancy most the bread which contains the least gluten. I am told that the Health Food Company of New York\* make an excellent flour, which retains well the salts of the wheat, while being comparatively free from the starch.

It is quite a common thing to see diabetic patients, who, despite the augmentation of glucose in their urine, affirm that they have not transgressed their dietetic rules. I have generally found, in the case of such patients, by pressing my inquiries, that they had been substituting for the gluten bread which I had prescribed a preparation like the French rusks (*échaudé*), which contains considerable starch. This is a great mistake; there is not much difference between this latter product and ordinary baker's bread, the former containing 54.1 per cent. of starch, and the latter 56 per cent.

It has been proposed to replace ordinary bread by almond bread, and this substitution has been especially recommended in Germany. If these almond loaves or cakes constitute a kind of bread that may be taken with safety by the diabetic, they are certainly not very palatable, and in France we make little use of them.

Dannecy, of Bordeaux, has proposed a mixture of bread-crust and meat-powder. Others, taking advantage of the difficulty which most diabetic

\* Ebstein. Arch. f. Klin. Med., xxx, 1881. Cantani. Du Diabète Sucré, Paris, 1876.

† A. Scott Donkin, in Lancet, 1877. Kultz. Experimentelles über Diabetes (in Deutsch. Zeitschr. f. prak. Med., 1876, p. 150-152.)

\* A reliable chemical examination of the diabetic biscuits sold by this company showed that they contain 74+ per cent. of sugar-forming material, and under the microscope, the field was crowded with starch granules. This percentage of sugar-forming material is even higher than that of ordinary fresh bread, the moisture of which counts for much. Diabetics, or their advisers, had better have all so-called "diabetic foods" carefully examined before using them.

patients experience in masticating their food, on account of bad teeth or the want of teeth, have advised bread-crust or toasted bread. Esbach, in a late article in the *Bulletin de Thérapeutique* (t. CIV., p. 201), has, however, shown that in equal weights, the crust of bread contains more sugar-producing substance than the crumb, and that it is a mistake to prescribe crust for the diabetic. The following table from Esbach sets this clearly before you :

	Sugar.
100 grammes of crust of ordinary bread produce.....	76 grammes.
100 " of crumb of ordinary bread produce.....	58 "
100 " of ordinary gluten bread furnish.....	18 "
100 " of good potatoes, boiled, give.....	17 "

I call your attention especially to the statement with reference to potatoes, which seems to me a little exaggerated, if we may trust the analysis furnished by Mayet, who maintains that 100 parts of cooked potatoes (baked, it is true, not boiled) yield only 8.30 of sugar, while 100 parts of gluten bread yield 27 parts.

I cannot too much insist on the utility of potatoes in the diet of diabetic patients who cannot dispense with bread. Of all amylaceous food substances, potatoes contain the least starch and, for that reason, produce the least sugar, and the difference between gluten bread and potatoes is so greatly in favor of the latter that you will do well, in most cases, to subject your patients to the English regimen—that is, suppressing bread, and substituting baked potatoes.

The subject of drinks is also one of importance, polydipsia being one of the results of this disease. Many victims of diabetes become intemperate, and this happens the more naturally, that they resist better than others the effects of alcoholism. Persuaded that they will find in alcoholic beverages a tonic which they need, they drink their wine pure, or mix brandy with their water. The quantity which they add may be small, it is true, but as the spirituous draught is constantly being repeated, a large amount will have been imbibed by the time the day is done.

I believe, then, with Bouchardat, that we should restrict as far as possible the use of alcoholic drinks in glycosuria. The patient should be allowed to drink freely, at his meals, of wine diluted with some alkaline mineral water, but he must not be permitted to drink between meals. If he must have something to quench his thirst, let it be weak tea or coffee, without sugar or milk, or some mild bitter ptisani, like infusion of chamomile or quassia. I prescribe milk for reasons I have before mentioned.

I come now to foods that are permitted, and those that are forbidden. In order to guide you

in the choice of foods proper for the diabetic, and such as should be interdicted, you should always have before your eyes the following table, which shows the proportion of starch or saccharine material in various alimentary substances. I borrow the first of these tables from Dr. Nedats. Table I gives you the proportion of starch in the principal amylaceous aliments :

	Per Cent.		Per Cent.
Rice.....	74.10	Wheat Bread.....	42.70
Corn meal.....	65.90	Oatmeal.....	39.10
Wheat flour.....	63.00	Peas.....	37.00
Wheat (unground).....	59.60	Rye bread.....	36.25
Rye meal.....	59.84	Beans.....	36.00
Millet seed.....	57.50	Cucumbers.....	14.60
Buckwheat.....	50.00	Potatoes.....	15.50

You can compare this table with the following by Boussingault, the first column showing the per cent. of vegetable, albumen, gluten, legumin and the like ; and the second column the per cent. of starch, dextrin, and the like principles :

Round gluten biscuits.....	44.9	40.2	
Gluten cakes.....	41.3	64.7	
Barley bread.....	18.9	65.6	
French rusks.....	10.9	51.3	
Macaroni.....	9.5	76.4	
Sago.....	9.1	74.7	
Bakers bread of Paris.....	7.0	56.3	
Rice.....	7.5	76.0	
White Beans.....	26.9	48.8	
Lentils.....	25.0	55.7	
Peas.....	23.8	55.7	
Potatoes.....	2.8	23.2	

Lastly, Mayet has given in terms of sugar the quantity of starch contained in 100 parts of the following amylaceous substances, and these are his figures :

	Per Cent.		Per Cent.
Turnips.....	7.00	Lentils.....	22.05
Baked potatoes.....	8.30	Rice cakes.....	25.00
Boiled rice.....	8.00	Fresh gluten bread.....	27.07
Peas.....	12.00 to 15.00	Vichy Company bread.....	31.00
Beans.....	16.00	Ordinary bread.....	60.00
Carrots.....	16.00	Wheat meal.....	70.00
Chestnuts.....	20.00	Starch.....	83.00

Stews may be permitted with some limitation, especially such as are fatty, and "bouillon" with poached eggs. Broth made with vegetables, and in particular with onions and cabbages, is allowable, as well as "Julienne" soups, but neither turnips nor carrots must enter into their composition. You will also allow broth made with potatoes, to which beets may be added, but you will forbid pea-soup and bean-porridge, also stews containing dumplings. Custards are also to be prohibited, as also other culinary preparations containing milk.

All kinds of meat are allowed, that is, the flesh of animals, fish, mollusks and crustaceans. Sauces which contain flour are to be interdicted, also those into which milk or cream enters as an ingredient. You will also forbid fish fried in meal.

All kinds of fatty foods are permitted; they may even be eaten very freely in order to furnish to the economy the carbo-hydrates that are necessary. All kinds of amylaceous and saccharine materials are, as before said, to be interdicted,

except potatoes, which are even better for the diabetic than gluten bread.

The exclusion of sugar, as I have told you, is absolute, but there are some patients that cannot get along without some sugar; in such cases you can allow them to sweeten their tea, coffee and lemonade with glycerine.

Vegetables are permitted in the regimen of diabetes, and Bouchard has always insisted on the disadvantages of an exclusively animal diet in this disease. Vegetables are useful because they give variety to the diet of the diabetic, and because they furnish a valuable element, potash, to the economy. Boussingault has, in fact, shown that one kilogramme of the following vegetables contains potash in the proportion here given, the figures indicating grammes:

Cabbage.....	2.6	Beets.....	6.8
Chicory.....	1.7	Potatoes.....	3.2
Turnips.....	3.7	Spinach.....	4.5
Carrots.....	2.5		

Taking, then, as your guide the foregoing tables, you will order spinach, sorrel, beans, lettuce, cabbage, asparagus, celery, artichokes, dandelions, all the salads, &c. But you will forbid beets, carrots and turnips, by reason of the sugar which they contain, and you will caution the patient to be chary of onions, leeks, and cooked artichokes. There remains the question of fruits, and in general they ought all to be proscribed. In fact, if you will refer to the analysis of Mayer, and which I place before you, you will see the large quantity of glucose which fruits contain, and with the exception of currants, they ought to be, as a rule, rejected.

#### PERCENTAGE OF SUGAR IN CERTAIN FRUITS.

Currants.....	1.50 to 18.00	Figs.....	10.00
Melons.....	7.50	Prunes.....	16.00
Raspberries.....	8.00 to 10.00	Dried prunes.....	42.00
Oranges.....	10.00	Dried figs.....	71.00
Cherries.....	10.25	Raisins.....	79.00
Peaches.....	10.50		

Such are the indications which will enable you to decide upon the diabetic rules applicable to diabetes. These rules should be followed to the letter, and for a long period, if not during the entire life-time. Often repeated analysis of the urine will enable you to decide how far the patient may return to his ordinary fare, also to ascertain if your rules are rigorously carried out, the least infraction of them always producing an increase of the sugar excreted in the urine. Moreover, it will be your duty to point to the patient the great importance of this strict regimen, by which you will be able in a great many cases to clear the urine of sugar, and in all to obtain a marked amelioration.

But dietetic rules do not alone constitute the hygienic therapeutics of diabetes. We must add

varied muscular exercises, to which I shall refer when I come to speak of gymnastics and massage, and which have a large share in the results of the treatment, by enabling us to fulfil the second part of the therapeutic problem which we have to work out, namely, how we may best forward the combustion of glucose existing in excess in the blood.

#### PNEUMONIA OF CHILDREN.\*

By C. E. LANING, M. D., CHICAGO, ILL.

IN PNEUMONIA of children, in whom the objective symptoms are the principal guides in prescribing, the character of the cough after once fully developed is of much value as an aid to the selection of a remedy. The *phosphorus* patient generally has a cough, which shows that secretions are scant and viscid, and the little sufferer gives vent to violent paroxysms, which have a tearing sound, and jar the entire body, producing at times almost convulsive movements of the limbs. Quite an elevation of temperature is sometimes present under this remedy, the skin being dry and hot and the patient restless and anxious: the throat at such times is dry, and in extreme cases glistening. There is great thirst for cold drinks, differing from *arsenicum* by wanting large quantities, and further by the fact that the taking of cold substances into the stomach generally agrees and produces a feeling of relief rather than distress, as under the *arsenic*. Cold milk or ice cream in older children, of a *phosphorus* case, almost always seems to agree, and indeed do good. There is a greater desire for cold under *phosphorus* than is the case either with *aconite* or *arsenicum*. As a rule, while the skin is hot, and the patient restless and agonized, as under *arsenicum* or *aconite*, in the *phosphorus* case the urine is generally free and watery, as is not true of either of the other remedies.

*Sulphur* is of use especially in apex pneumonia; there are two conditions in which I find it useful which are the opposites of each other. Thus, when the cough is dry, or when it is loose with much difficulty in raising. While children seldom expectorate, still even infants will raise the contents of the bronchi or alveoli into the pharynx, afterward swallowing it. In a *sulphur* case the head and face are often hot, much more so than the body in general, and, if watched closely, the spasmodic action of the vaso-motors, which occurs under this remedy, may be seen. In addi-

\* An abstract from the *Clinique*.



tion to the above symptoms, more or less frequent attacks of dyspnoea are observed. When these are present, in cases of infantile pneumonia, *sulphur* or *lachesis* I have found to be the most frequently efficient remedies.

*Sepia* is not to be lost sight of in pneumonia. The patient coughs the most in the morning, as a rule, and there is much difficulty in raising the mucus from the bronchi. In a well-marked *sepia* case the patient almost always gags frequently in attempting to raise the phlegm, and often vomits. The urine deposits an excess of urates, which adhere to the sides and bottom of the vessel.

*Lachesis* is a remedy which has been of much service when a failing heart has threatened the patient with death. There are present great dyspnoea and marked cyanosis. I have seen this remedy relieve in an incredibly short time, when death seemed imminent. The patient appears worse after sleeping, the cough is worse, the dyspnoea is increased, and, indeed, almost all the symptoms are aggravated. While aggravation follows sleep, amelioration is caused by perspiration, which is often quite copious.

In the so-called bilious-pneumonia, so far as my personal observation goes, it never occurs except in those cases in which the lower lobes, particularly the right, are involved. This is accounted for by the fact that the movements of the diaphragm in the act of respiration have a great deal to do with the elimination of the bile from the hepatic cells. *Cheledonium* and *mercurius dulcis* are excellent remedies in such cases. *Bryonia*, also, is often of much service. When this remedy is indicated the pleurae are generally involved, as shown by the sharp, stitching pains, which are present, evidenced by the child's sudden screams, or by the jerky, irregular respiration caused by the pains. The tongue is coated a dirty yellow, and the lips and tongue are dry and parched. The patient's pains are all increased by the slightest motion.

The so-called cerebral form is often fatal, largely because of the difficulty in recognizing it until well advanced. There are two varieties or forms of this—the eclamptic, to which the case first given belonged, and the meningeal. As their names indicate, they are apt to mislead the practitioner into looking for some idiopathic brain lesion, which has given rise to the convulsions, or, on the other hand, suggesting meningitis as the cause of the various phenomena observed.

Occasionally *chamomilla* is needed. It is usually for certain nervous symptoms. It has been

of use a few times in the first stage of the disease, the patient being not only extremely restless, but irritable, the tongue coated a dirty yellow, showing the early affection of the hepatic tissues. This remedy undoubtedly has quite an influence over the vaso-motor system, and hence may readily affect the capillary circulation in such a way as to give rise to hyperaemia, engorgement and congestion, both of the liver and lungs, and, as a rule, both organs are involved in a *chamomilla* case. Like *belladonna*, this remedy causes much heat in the head, accompanied by cold hands and feet, or rather alternately cold and hot. The head is apt to be circumscribed, in the hands and feet, confined to the soles or palms. This is a peculiarity of this remedy, *i. e.*, to produce circumscribed flushings; thus the well-known symptoms of one cheek hot and red, the other cold and pale, as a further illustration of this.

In infants, pneumonia in its earlier stages is very liable to be overlooked, especially when it is of the so-called hypostatic form. And frequently in very young infants the lesion makes itself manifest in the posterior portion of the lungs; hence physical examination, unless thoroughly made, so as to detect the condition of this portion of the lungs, may rather help to mislead than guide the physician. When this part of the pulmonary tissue is affected, so far as I have noticed, nervous phenomena are more marked and the disease is more generally fatal. Whether the relation of the sympathetic to the site of the lesion has any bearing upon the case, I do not know, but am inclined to think it has.

In typhoid pneumonia, there is one remedy which I think has been under-estimated, at least it has given me good results, that is, *lachnanthes tinctoria*. It is where the cerebral symptoms are prominent, as shown by great brilliancy of the eyes, flushed face and delirium. *Ant. tart. ipecac* and *hepar* are the principal remedies suggested where there is much rattling in the chest with great difficulty in raising the secretion. When the accumulation is profuse and comes up in large quantities, almost strangling the younger patients, I have found *senega* to be an excellent remedy.

**Painless Catheterism.**—Dr. Jno. A. Stamps recommends the following as an almost painless method of catheterizing an hyperaesthetic urethra. Inject through the catheter while it is being introduced, water as warm as can be borne. The water regurgitates between the instrument and the urethral wall, and the warmth of the water will, in many instances, relieve all irritability of the urethra.—*Med. Review.*

## DELIVERY BY THE ANUS.

DR. GEORGE S. SYKES, of Galveston (*Med. News*), was called to attend Mrs. H. T., who was in labor. She was thirty-five years old, and had every sign of perfect physical development. The midwife said she had been in labor since the preceding midday. The bag of waters had been ruptured early in labor, and the patient was very much prostrated by her protracted but inefficient efforts to expel the fœtus. Examination revealed entire absence of the vaginal orifice, and the finger, passed along the perineum, sank into the distended anus, and encountered the fœtal head just within the opening. The anus was dilated to about the diameter of three inches. Never having met with such a case, the attending physician sought the advice of the writer.

Examination confirmed the diagnosis. The fœtal head was found within the rectum, arrested at the distended and resisting anus. A clammy skin, sighing respiration, rapid, feeble pulse, told the story of strength wasted by a fruitless labor. Uterine inertia; the anus, though considerably dilated, was insufficiently so to admit the passage of the head, and was rigid and unyielding. The indications were too clear to admit of a doubt as to the treatment. Chloroform was administered, a Simpson's obstetrical forceps applied with comparatively little difficulty, and by a moderate effort the head was promptly delivered. The shoulders and trunk were brought into the world by a *vis a tergo*, exerted by squeezing and downward pressure on the uterus through the abdominal parietes. The placenta was speedily expelled by expression. There was no apparent laceration of the anal sphincters. There was no unusual hemorrhage at the time of the accouchment, nor was there subsequent oozing. Firm tonic contraction of the uterus quickly followed a dose of ergot. The anus regained its normal characteristics within a few hours.

Five months and sixteen days after her accouchment, Dr. Payne examined the case thoroughly, and found complete absence of the ostium vaginae. All the parts within the vulva presented the characteristics of virginity—the clitoris normally developed and situated; the vestibule and posterior commissure bore no signs of having been stretched, distorted or lacerated by childbirth; the urethra was in its proper place; the nymphæ and labia majora, were in every respect natural in their virgin symmetry of outline. Two fingers were readily introduced into the rectum and passed upward along the anterior rectal wall for a distance of about two inches, when it

was clearly appreciated that the surface gradually sloped forward and upward, and merged into the anterior vaginal wall, which at this point was natural in its anatomical relations. From half an inch to an inch below the os uteri could be distinctly felt the free edge of a membranous curtain which represented the upper third of the recto-vaginal septum. There was nothing abnormal either in the size or position of the uterus or in its relations to the vagina. Examination with the speculum fully confirmed the revelation of the digital exploration. The most painstaking investigation failed to detect the slightest trace of cicatricial tissue. The conclusion was that the malformation was congenital.

This woman has borne three children, all at full term and well developed, but dead. The cause of death seemed to lie in the early drainage of the amniotic fluid and the protracted labor. Her labors had lasted, she said, about two days, but had not in any case been followed by fever, pain, abnormal discharges, or other evidence of inflammatory action. Her recoveries had been uniformly short, sitting up on the sixth day, and resuming her ordinary duties at the end of the second week. Menstruation has always been regular except during pregnancy, and painless. Sexual desire and its gratification during coitus were in every respect satisfactory. She had never been made aware, either by the exit of the menstrual flux, the method of sexual intercourse, or even the strange manner of her accouchment, that she was different from other women. Her husband, after being closely questioned, asserted most positively that he never entertained the faintest suspicion that there was anything the matter with his wife out of the usual order of things.

## THE RATIONAL METHOD OF TREATING CATARACT PATIENTS TO THE EXCLUSION OF COMPRESSES, BANDAGES AND DARK ROOMS.

UNDER this heading Dr. J. J. Chisolm details (*Amer. Jour. of Ophthalmology*, June, 1886,) a simple method of treating the eyes after cataract operations. Instead of the cloths, compresses and retaining bandages the lid of each eye was kept closed by a piece of isinglass plaster, two and one-half inches long by one and one-half inches wide. The piece of plaster, made thoroughly pliant by being soaked in water aseptic, was spread over the lids from brow to cheek, and carefully adjusted by stroking it with the rubber spoon used for pressing out the lens. In a very few minutes this piece of diaphanous silk plaster

was dry, and the patient was ready to walk from the operating table to his bed in the fourth story of the hospital. He was treated in the open ward, and not in a dark room, on the reasonable belief that as the patient stood strong light before the cataract was removed, the closed lids, the substitute for the cataractous screen, ought to be a sufficient protection now. The room had blue curtains to exclude harsh light, and for the comfort of other ward inmates.

Of the sixteen cases of cataract extraction treated by this new method most have been brilliant illustrations of the efficacy of this simple treatment. In no case have I had the weeping eyes of a former experience, all of them standing the light well the day the adhesive strap was removed. It is a revolution complete in eye dressings, and experience has proved it to be a wise and very beneficial change, which must meet with universal acceptance, even if it does break one of our long and most confirmed habits.

With cocaine as the local anesthetic, and adhesive straps as the eye dressing, with light rooms in which friends can read for the entertainment of those operated upon, cataract patients will in the future have little to dread from pain or confinement.

**Terebene Rash.**—Ormond H. Garland, M. B., records, in *Lancet*, May 22, 1886, the following: "John K—, aged sixty, was ordered to take five-minim doses of terebene, four times a day, for chronic bronchitis, from which he had suffered for many years. After taking six doses of the medicine (thirty drops in all), he had to desist, on account of a profuse, bright-red, papular rash, intensely itchy, making its appearance, first on the left hand, and then on both ankles, extending up the legs to the knees. The hand was likewise very much swollen. That this condition was due to the terebene was proved by the retrogression of the eruption coinciding with the discontinuance of the medicine. The patient had observed the same idiosyncrasy thirty years before, when, having sprained his wrist, he was recommended to apply turpentine as a liniment. The result was the appearance of an eruption of similar character to the foregoing, his arm becoming at the same time so swollen as to incapacitate him for work for a whole fortnight."

**Nitrate of Silver in Swelled Testicle.**—At the Lock Hospital, Liverpool, the following method has been in use since 1869; each successive surgeon adopting it in preference to all others.

The affected testicle is painted with a solution of nitrate of silver, two drachms to the ounce of distilled water. Strict rest in bed is enforced, and the inflamed organ supported on a small pillow. Sometimes a second painting is necessary.

The immediate relief of pain is marked. In a few days the testicle returns to its normal size.—*Lancet*.

## HOSPITAL REPORTS.

BY DR. H. I. OSTROM.  
42 W. 48 ST., NEW YORK.

**A Successful Nephrolithotomy** (Jefferson Medical College Hospital. Dr. Samuel W. Gross).—The patient, aged thirty-three years, a coal miner, was admitted into the hospital with symptoms that pointed to stone in the left kidney. He had suffered from malarial fever, and during the past two months had lost twenty-three pounds in weight. Until four years before admission the patient's health had been good, but at that time he was "seized with a dull heavy pain in the left loin, which extended toward the median line of the abdomen." The pain was increased by standing, on working, to such a degree as to incapacitate him from earning his living. Five months before admission he had an attack of bloody urine. There was present neither swelling nor a tumor in the loin, nor was there tenderness, nor renal colic. The diagnosis was established principally upon the constant pain, aggravated by motion, vomiting and coughing, the hematuria with strings of mucus, epithelial cells from the pelvis of the kidney, and crystals of oxalate of lime. The operation consisted in making an incision four inches and a half long, that began at the edge of the erector spinæ muscle, three-quarters of an inch below the last rib and parallel with it. The dissection was carried carefully down to the perirenal fatty tissue, which being torn through, the finger came in contact with a hard substance situated in the central infundibulum of the organ. The renal tissue was scratched with the finger-nail, and the stone extracted with the combined use of the finger and scoop. The slight hemorrhage was arrested by pressure with a sponge wrung in hot water. Drainage was maintained with a tube. The edges of the incision were very carefully held together with successive layers of cat-gut sutures, and the dressing consisted of gauze and jute. The strictest antiseptic precautions were observed throughout the operation. In less than two months the man was dismissed with the sinus entirely healed. The stone weighed fifty-eight grains, and was composed of oxalate of lime. The kidney was found to be perfectly healthy.

**Abdominal Section for Purulent Peritonitis. Recovery** (Pennsylvania Hospital. Dr. John B. Roberts).—A woman, aged forty-four years, entered the hospital with rather obscure abdominal symptoms. Eight weeks previously she was seized with very severe pains in the abdomen, which had continued with variable intensity ever since. There was neither vomiting nor a chill. Three weeks before admission she was seized during the night with great pain in the abdomen, since which time there had been observed a tumor in the left side. Temperature, 102°; pulse, 130. Flushed face, thighs flexed upon the abdomen, and tenderness, led to the diagnosis of peritonitis. Abdominal section was performed the following day. Upon opening the belly a smooth tumor containing fluid came into view. Five or six ounces of very offensive pus were evacuated through a trocar. The intestines and omentum were adherent to the sac, and all the abdominal organs were matted together to such an extent as to render enucleation impossible. All of the new tissue could not be removed. The sac was therefore scraped, and the abdomen thoroughly washed with bi-chloride of mercury,



1-10,000. Two rubber drainage tubes were inserted at the lower angle of the wound, which was dressed with iodoform. The temperature reached the normal on the fourth day. Three weeks after the operation the woman was discharged from the hospital.

**A Case of Reynaud's Disease** (Foochow Native Hospital, China. S. B. Adams, M. D.).—The patient, a native female child aged eight years, was admitted to the hospital with advanced gangrene of both feet. Family history contained nothing peculiar. The child had never been considered strong. Her present trouble began three months before admission with a severe pain in the calf of the left leg while walking out of doors. The skin over the seat of pain was found bluish black, and cold to the touch. In four days the discoloration entirely disappeared. One month before admission to the hospital the child became sick and feverish. The following day exquisite pain was complained of in the left foot and leg. In a short time this became black and cold. The following day the same phenomena developed in the right foot, the attacks being ushered in with very severe local pains. The circulation in both feet and legs was now permanently arrested and gangrene established. The same conditions of pain, discoloration and coldness, followed in the ears, cheeks and hands—the peculiarity of the attacks, which is also diagnostic of the disease, being that at first, after a variable length of time, the arrested circulation was restored, and the parts became normal. As the attacks of "local asphyxia" became more frequent the parts suffered more permanently, and finally assumed the condition and appearance belonging to the feet upon admission. No treatment arrested the disease, and the child sank from exhaustion about one month after admission to the hospital.

**Stab Wound of the Stomach and Diaphragm** (St. Peter's Hospital, Brooklyn. A. H. Buckmaster, M. D.).—A young man, nineteen years of age, entered the hospital with a stab wound situated "at the eighth intercostal space, two inches to the left of the mammary line." The shock was severe, but reaction good. He was given a glass of milk to drink, a few hours after which, what appeared to be curdled milk was noticed on the dressing. A more thorough examination with the finger led to the discovery that the diaphragm had been penetrated and the stomach also wounded. The abdominal wall was incised in the median line, and the stomach found to be wounded in the greater curvature anteriorly. The mucous membrane was everted, and the serous surfaces united with the Lembert suture. The abdominal cavity was washed out with a Davidson syringe. Because of the patient's weakness, the wound in the diaphragm was not united. He survived the operation only about one hour. At the autopsy a dark-colored acid fluid was found in the plural cavity resembling that washed out of the abdominal cavity. A coil of intestine was found to have passed through the diaphragmatic wound. [This case calls for more than a passing notice. The accident is quite rare, though not as rare as Dr. Buckmaster seems to believe, for in every treatise on military surgery it is mentioned, and directions given for treatment. In modern works these directions are of course the same that belong to abdominal surgery generally. Criticism is mainly directed to the failure to early recognize the extent of the injury and the structures involved, and hence the error of allowing the patient a glass of milk to drink. It is also open to question whether the operation was performed according to the strict re-

quirements of modern laparotomy. Davidson's syringe is rather a harsh instrument to use for irrigating the abdomen, and because "the patient looked so weak," is not a sufficient excuse for leaving the operation incomplete. We can find no adequate reason for not closing the wound in the diaphragm—certainly the hernia, which if the wound had been carefully examined could have been found or not, thus establishing whether it was wholly post-mortem, could by this means have been avoided and one source of danger lessened.—H. I. O.]

**Wound of the Popliteal Artery and Vein During an Operation for Necrosis of the Femur. Recovery Without Gangrene** (Leeds Infirmary. S. Pridgin Teale).—A young man was admitted to the infirmary with necrosis of the inferior end of the femur. The sinuses led to the back of the femur to about the bifurcation of the linea aspera. The bone was exposed by incisions, and while removing what seemed to be an "indurated edge of fascia" a profuse gush of blood took place; this was found to come from the popliteal artery and vein, both of which had been severed. They were ligated. The wound healed without one unfavorable symptom. The foot and leg never became discolored, and the patient recovered the perfect use of his limb.

**Removal of the Upper Extremity, and Later of the Scapula and Part of the Clavicle for Sarcoma** (South Devon and East Cornwall Hospital, Plymouth. Mr. Paul Swain).—A lad, aged eighteen years, a picture frame maker, was admitted with an enlargement of the left shoulder. He reported that a fellow workman had frequently pinched him in the left deltoid muscle. Severe pain followed this. The tumor was firm and hard, involving the left deltoid muscle. The superficial veins were enlarged, but the axillary glands were not implicated. Under methylene a V-shaped incision exposed the tumor. As only the humerus seemed diseased, this alone was removed, together with the neoplasm, which was ascertained to be a myeloid sarcoma. The wound healed perfectly under iodoform and carbolic oil. A little over one month after the operation the lad was readmitted. The growth was found to have attacked the left scapula. Again under methylene the scapula, with the acromial end of the clavicle, were removed through a V incision. The wound healed well, with the exception of the lower end of the skin-flap. This sloughed slightly. The patient was discharged cured one month after the second operation. Soon after leaving the hospital he contracted a severe cold, and subsequently died with pneumonia.

**Traumatic Tetanus Cured by Removal of the Cicatrix and Surrounding Parts** (Edinburgh Royal Infirmary. Mr. J. Montague, Cotterill).—The patient, a man of thirty-nine years, was admitted with a history of having stabbed the ball of the right thumb with a piece of broken glass about three weeks previously. Tetanus developed twelve days after the accident. Large doses of Calabar bean were administered, but without effect upon the spasms. A V-shaped scar, three inches in length, bluish in color, knotty, but painless upon pressure, occupied the ball of the right thumb. Spasms could be induced at any time by pressure on the ulnar nerve at the bend of the elbow, though pressure upon the cicatrix had no such effect. Many remedies were given and various methods of treatment adopted without effect. After thoroughly excising the cicatrix, removing at the same time a considerable slice of muscle and skin, there was only one attack of opisthotonos, and

this was brought on by an injudicious visitor. A perfect cure followed.

**Cauterization by Nitrate of Silver to Relieve Persistent Retention of Urine, Due to Enlarged Prostate** (Northampton Lunatic Hospital. David G. Hall, M. D.).—The patient, a farmer, was admitted to the hospital suffering from acute mania. During one of his periods of excitement he refused food, and insisted upon sleeping on the bare floor. After this it was found that he suffered from retention of urine, and rectal examination showed an enlargement of the prostate. Almost complete retention continued for nearly five months. Hysterical attacks followed, during which enormous quantities of urine were secreted, necessitating the frequent use of the catheter. The first of these occurred during the night, but the attendant failed to draw the water. Distention of the bladder and acute nephritis followed. It was decided to cauterize the prostate gland. This was accomplished by means of an instrument open at the end, through which could be protruded a female blade, which was made to carry the caustic. (The instrument was a discarded one formerly used in the hospital.) Nitrate of silver was fused and poured into the slot of the female blade. The entire instrument was passed into the bladder and withdrawn until the requisite part was reached. The caustic was then exposed and allowed to remain in contact with the prostate for a few seconds. A hard rubber catheter was fastened in the bladder for a few hours, the urine drawn with a soft catheter when necessary, and the bladder washed night and morning with a three per cent. solution of glycerine and warm water. The operation was repeated in five days. Four operations were performed at intervals of five days. The result was very satisfactory. Micturition became normal, and six months after the beginning of the treatment the patient remained well.

**Epilepsy of Six Years' Duration. Complete Recovery After a Surgical Operation Upon the Skull and Brain** (Middlesex Hospital. Mr. Pearce Gould). The patient, aged thirty-six years, received, when about thirty years old, a severe blow on the right side of the head. The resulting wound of the soft parts healed without complications. Six weeks after he was suddenly seized with convulsions and loss of consciousness. The motion of the body was confined to the left side. Violent mania followed the epileptic attacks, during which he became dangerous to those around him. The mania lasted from several hours, to as many days. The general health of the patient continued good, and all his functions were performed normally. The scar was situated  $3\frac{1}{2}$  inches from the longitudinal fissure in a line drawn vertically  $2\frac{3}{4}$  inches behind the external meatus of the ear. The skull was trephined at the site of the cicatrix. All the structure exposed were found to be healthy, and the cerebral substance was explored one inch in every direction, but nothing abnormal was discovered. The wound was closed and treated upon general surgical principles. It healed without complication. Five months after the operation the man remained free from convulsion, and was able to attend to his business (that of a stationer) as before the operation.

**Sopor from Chronic Syphilitic Meningitis** (City Hospital, St. Louis. Dr. W. S. Porter).—A negro, aged thirty years, was admitted to the hospital in a state of sopor, from which he could be roused only with great difficulty. When persistently questioned he would reply only in random whispers. This patient had been admitted to the hos-

pital one year before, suffering from syphilis. All the organs were normal. There was no fever. He was placed upon increasing doses of iodide of potassium, and in ten days was restored to his usual health.

**A Case of Laparotomy for Recent Adhesion of the Intestines to the Abdominal Parietes. Recovery** (Boston City Hospital. George W. Gay, M. D.).—A boy, aged four teen years, after passing large quantities of flatulence at stool, was suddenly seized with severe pain in the abdomen, to the right of the umbilicus. After a brief period of relief, the pain returned with its former severity. Tympanitis developed. Twenty-four hours later the tympanitis had in a great measure disappeared, but there was noticed a tumor three inches in diameter to the right of the median line, below the navel. The swelling slowly increased for a week, and then gradually disappeared. Four months later, and without apparent cause, the pain returned with its former severity, being situated at the right of and a little below the umbilicus. There was at that point no distinct tumor, but the abdomen was more prominent there than elsewhere. Vomiting became a grave complication. The boy's condition grew rapidly more unfavorable. Laparotomy was performed. Very little fluid was found in the abdominal cavity. The intestines were adherent to the parietes over a space of four or five inches in diameter, corresponding to the sensitive spot on the surface. These were separated with the fingers. The wound was closed with two sets of sutures—the peritoneum with continuous, the structures with interrupted sutures. No drainage tube was used. The dressing consisted of iodoform, absorbent gauze and sheet wadding. Six weeks after the operation the wound had thoroughly united. For the first few weeks there was considerable pain in the abdomen, but latterly there had been no return, and there was a fair prospect of a cure resulting from the operation.

**Carduus Marianus.**—By Dr. G. Pröll, of Nice. *Carduus Marianus* is an excellent remedy in affections of the liver, spleen and kidneys (leucocythemia), when caused by abuse of alcoholic beverages, and especially beer, and by prolonged sojourn under ground as in tunnels, mines, &c., and when *Ferrum*, *nux vomica*, *carbo*, *veg.*, and *graphites*, although apparently well indicated, are without effect.

CASE 1. A workman in the gold and silver mines at Böckstein, near Gastein, suffered for some years from the disease called in Germany *Die Bergsucht*, or mountain phthisis, a complex of disorders of the stomach, spleen and kidneys, with insomnia, want of appetite, mental irritability, languor and general weakness. After a fortnight's use of the drug, in the tincture, four drops four times a day, his pale color had given place to a rosy tint; his eyes, which before were dim, had become bright; his despondency had disappeared, his voice was strong and the activity of his limbs had returned. He said to me, "You have made a new man of me; only now do I understand the value of health." He had no return of the trouble.

CASE 2. A cook who had, as in common with most cooks, lost her appetite, acquired the habit of taking strong liquors and beer. After a time she was found to have cirrhosis of the liver, and little by little general dropsy supervened. Her figure was no longer recognizable. Her legs and arms were swollen and as hard as wood. The urine was small in amount, the stools pale and diminished in quantity. *Nux vomica* had no beneficial influence, but after the use of the tincture of *carduus mari-*

anus, four drops per day, the amelioration went on so rapidly that at the end of a fortnight the whole trouble was cured. The cure has remained permanent, but the patient has given up her occupation as cook.

**CASE 3.** A workman in a brewery became extremely hydropic, and received a vial containing 10 grammes ( $2\frac{1}{2}$  drs.) of the tincture of card. mar., with like success; but believing that the remedy was a purgative, and that four drops were not sufficient to cause an evacuation, he took the whole amount in one dose without its producing any markedly bad results. It cured him very quickly.

**Observations.**—I am convinced that carduus mar. is specially indicated when there is a relaxed state of the mucous membrane of the stomach, as evidenced by recurring flatulence and diarrhoea, especially when the stools are clay-colored. The active part of the remedy is found in the seed coats and not in the kernel or nucleus. The color of the tincture ought to be a brownish-red. A dose of two or three drops per day will be sufficient, and the remedy does not require any particular regimen to be followed. It was a popular medicine in the time of Theophrastus, Paracelsus and Rademacher.—*Revue Hom. Belge.*, xii., 10.

**Narceine.**—Brown-Sequard has again brought forward this drug. He claims that it has a remarkable action in bronchial affections, consumption and croup. It quiets cough, lessens expectoration, and modifies the spasms and vomiting of croup until they finally cease, and the sleep is calm and refreshing. The medium daily dose is ten grains.

Bernard demonstrated that it was less toxic than all the alkaloids of opium, and possessed all the soporific properties of morphine without any of its disadvantages.—*Med. Analectic.*

**Belladonna in Sterility of Females.**—There are few drugs which exhibit so pronounced a predilection to act upon certain structures of the body as belladonna. Among its favorite tissues, those of the female sexual organs may be mentioned. Its employment is followed by more or less benefit in every disease to which these parts are liable. I suppose it has fallen to the lot of almost every practitioner to be consulted by married women who were never pregnant as to the cause of their barrenness. Apparently they enjoy the best of health, and have never suffered from any irregularity of the sexual apparatus. To such I have on several occasions prescribed belladonna internally, and have found that, after taking the medicine for some weeks, they became pregnant. I have seen this happen so often that I am constrained to regard the occurrence as something more than accidental. I shall not venture to theorize upon its action, but will merely mention that I have observed that the external genitalia become more relaxed, and the os and cervix uteri somewhat softened and pliable during the treatment.—*New York Medical Journal.*

**Borax as a Remedy for Epilepsy.**—In a recent number of the *Boston Medical and Surgical Journal*, Charles F. Folsom, M. D., of Boston, publishes some of the details of two cases of long-standing epilepsy treated by the internal use of borax.

The only annoyance that arose in the course of the treatment, which consisted of the administration of from ten to

fifteen grains (or more) three times a day, was a dry, scaly eruption, which gave rise to a great deal of itching, but this disappeared after several weeks' treatment of arsenic internally, and oxide of zinc in cosmoline externally.

Nausea follows its introduction into the stomach when dissolved in cold water, but this difficulty may be obviated by giving aromatic tinctures in conjunction with it. The first few doses may cause diarrhoea, but this soon disappears.

He has seen a number of cases of marked improvement where the bromides have failed to do much good; also, excellent results from alternating the two drugs. The borax is best taken an hour and a half after each meal.

**Ammonium Bromatum.**—This remedy, recommended by Eichler, in 1884, has proven to be, in his further experience, of extraordinary value as a catarrhal remedy, and he makes it a practice to treat every cough and coryza, whether it be fresh or of long standing, whether a stopped coryza or fluent, with amm. brom. 2x three or four times a day, and he has only seldom had to resort to any other medicine. It is, in his opinion, a sovereign remedy in these affections, and by its use their treatment is very much simplified. It is a pleasure to see how quickly and completely old chronic coughs are cured, and even in chronic laryngeal catarrh, from which preachers suffer, amm. brom., as well as the nearly related amm. jod. 3x, does good work. A clergyman declared that during the years in which his laryngeal catarrh had been under homœopathic treatment he had not met so efficacious a remedy as ammonium jodatum 3x.—*From Pop. Zeitschrift f. Hom.*, May, 1886.

**Palliative Treatment of Uterine Cancer.**—The *Medical Press* tells us that Professor Sireday uses a very simple but effective palliative treatment for cancer of the womb, and in the many cases in which he applied it the patient's sufferings were rendered very supportable. His method consists in washing out the vagina by a solution of corrosive sublimate (1.3000) and in applying small plugs of cotton imbibed in a four per cent. solution of chloral and dusted with iodoform, to the wound. It is essential that the wound should be exactly covered with the first plug and left *in situ* for two days, when the dressing is renewed. After a few days of this treatment, the ulcer, which hitherto wore a very ugly aspect, becomes clean and resembles an ordinary wound, and the pain is greatly lessened. By this method, also, hemorrhage is arrested, and thus the life of the patient is prolonged and her general state is greatly improved.—*Med. and Surg. Reporter.*—*Med. Digest.*

**To Avert Ophthalmia.**—The Hon. Ralph Abercrombie, in *Nature*, says that "three cases have come under my personal observation in which brown-skinned natives, in very different parts of the world, blacken their faces to protect them from intense light and heat." The examples he gives are those of the inhabitants of Morocco, as well as of others along the north of Africa, who blacken themselves around the eyes to avert ophthalmia from the glare of the hot sand. The natives of Fiji do the same, and so do the natives of the Sikhim Hills, and it is only reasonable to suppose that a practice of such wide diffusion and such striking similarity is found useful—that is, protective, in the places and under the conditions contemplated.



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## UNITY VERSUS SPECIALISMS IN THERAPEUTICS.

DEEPLY as we are impressed with the truth of the unity of body and mind, just so deeply are we impressed with the truth of the unity of disease and the methods of curing it. In therapeia all are but parts of one stupendous whole, each part having its own definite place to fill and function to perform. It is idle to divide the human anatomy as one farms out a plot of land, assigning one part to this purpose, and another to that; one to the dermatologist and another to the neurologist, and so on, through the various divisions of the economy, originally devised for the convenience of study only. But, as bad as this procedure is, specialism in methods of therapeutics is still worse. We look upon it as a relic of an imperfect conception of the nature of malady on the one hand, and of dealing with malady on the other. We exempt, of course, for obvious reasons, specialisms in surgery from this criticism. While we concede that this archaic condition of the *art* of medicine is of natural and legitimate origin in the slow evolution of the art, we insist that it has well-nigh ceased to be so, the *science* of medicine having long since outgrown that childish anomaly. It is with profound regret, therefore, that we observe in certain quarters the most strenuous efforts put forth to have it perpetuated and made eternal.

The wiser heads of the profession have long since conceded a place in therapeutics to the methods of *contraria* and *similia*, and to the

agents of electricity and magnetism, to massage, to small doses and large doses, to escharotics and rubifacients, to drugs that vomit and drugs that purge, to diuretics and diaphoretics, and to such as calm the pulse, diffuse the blood and promote rest, sleep, etc. They also admit that Faith and Expectation are potent agencies in therapeia, and that even the method adopted and pursued by the ignorant and pretentious advocates of mind cure is not without a few grains of truth, since all intelligent physicians know that it is the unconscious powers of the organism that work the marvels of cures, in most cases, and that whatever remedy or agent favorably impresses those powers belongs to the category of *materia medica*.

Since we have, therefore, but one principle to deal with in the living organism, and but one disturbance of that principle to prescribe for under the cognomen, disease, why should we have schools of medicine to teach specialisms in therapeutics? They should be taught, of course, in the colleges in the regular curriculum, but when they are not, the student should supplement the deficiency by forming classes for their special study, not, however, for the purpose of making separate, special or indiscriminate use of them, which can only result in error, but for the more perfect equipment of his armamentarium. Does not every method of treating disease (so called) belong to the science and art of medicine, each method, as well as each agent, having its particular adaptation in the treatment of particular cases of malady? How irrational it is, then, to establish schools for teaching specialisms in therapeutics, and for the avowed purpose of putting assunder that which in the nature of things are joined together and are one and inseparable? Is it not also a travesty on science as well as a scandal in the profession?

So far as the propriety of perpetuating homœopathic schools of medicine and maintaining the titular distinction, homœopathic, by their graduates, are concerned, we are familiar with the reasons brought forward by their advocates in support of it. "The system is not complete; their work not yet done," say they. New drugs have to be proved and old drugs reproved, the *materia medica* revised and corrected, fallacies expunged, the truth placed in clearer light, etc.

We concede all this, and admit that no public work more important than the above can engage the attention of physicians. It is indispensable to the efficient application of the law of Hahnemann in any case of disease to which it is adapted. But it does not follow from this that it is necessary to establish a distinct and separate school of medicine, and make test of fellowship allegiance to the doctrine of *similia similibus curantur*, or *contraria contrariis curantur*, neither of which is of universal application, but each being true and applicable in its own sphere and special exigency. Just as rational as this, and not less derogatory to the science of physiology, would it be to have separate schools of physiology, wherein should be taught the lower physical functions in one, and the higher mental functions in the other. And what a commentary such a state of things would be on a physician's conception of the human economy and the laws which govern the bodily life! Bad as it would be, it could not be worse than that which may be justly made on that conception of disease and remedy which calls for and maintains specialisms in therapeutics.

The logic of those who differ from us on this subject is the most peculiar of any ever observed outside of Andover, or a lunatic asylum. Our friend and colleague, Dr. Conrad Wesselhœft, having been appealed to for an expression of his views as to the propriety (among other things) of dropping the distinction, homœopathic, from homœopathic colleges and their graduates, concludes his response in the following words:

"As long as homœopathy is a practical method of treating the sick, it must have a definition; and its definition or title will be maintained just as long as the system which the name defines is found to be practical. The great truths which it embodies are worth developing and improving to their furthest extent. Ardent homœopaths are right in maintaining that departure from homœopathic methods at each slight discouragement, that to resort to extraneous therapeutic methods while maintaining the title of homœopathy, is inconsistent. For, if such extraneous methods become general, if the principle of *S. S. C.* is forgotten or ignored, or if in the

opinion of many orthodox homœopaths the system is perfect and unalterable, both of these directions will lead to its decline—the one through neglect, and the other through stagnation in its progress—and its distinctive title will wane out of sight and out of mind. Neglect, ignorance and pusillanimity in practicing according to *S. S. C.*, no less than the over-estimation of this principle, will work its decline. The exact experimental test, in place of old-fashioned methods of proving, and more scientific methods of demonstrating the validity of *S. S. C.* will develop it."—*The New England Med. Gazette*, January, 1887.

Admitting the premise, one can find no fault with our colleague's reasoning. But we dispute the premise and differ, therefore, from his conclusions. We insist that homœopathy is *not* always "a practical method of treating the sick," and appeal for confirmation of this statement to the experience of Dr. Wesselhœft himself. While it is perfectly obvious to us that "the great truths which it embodies are worth developing and improving to their furthest extent," it will be admitted by every candid observer that they are not thus developed and improved at the present time, and that therefore they are not susceptible of certainty of application. Indeed, so great is the uncertainty of their application that in certain critical emergencies it would be highly culpable of a practitioner to trust the fate of his patient to them. But even were the truths of homœopathy fully developed and apprehended by the practitioner, we should still have to demur at the conclusions of Dr. Wesselhœft on this point, on grounds the validity of which the vast majority of homœopathic practitioners must admit, since it were idle to dispute them, namely: *Its method is not a universal one*; that is to say, it is not adapted to all cases of sickness, but like other methods of therapeia has its special adaptation to particular cases and exigencies. It is, therefore, but a part—an important part—of medical science and art. And he who would not have the sphere of his professional activity narrowed to a single conception in therapeutics, and would square his professions by his practice, is in duty bound,

therefore, to adjure the title, homœopathic, and adopt that of physician.

#### PROFESSIONAL BIAS IN THEORY AND PRACTICE.

UNDER THIS caption an editorial writer in the *Atlanta Medical and Surgical Journal* puts forth some excellent observations, which would do no harm if they were generally heeded outside the limits of the "malarial belt." Mystification in theory and blundering in practice (he says) generally spring from erroneous views of facts or from misapplication of principles. A vein of perverted reasoning runs through the mental operations of most medical men upon some of the issues which come up for decision in their daily experience as practitioners. There is a misconception of the elements which enter into the groundwork of a diagnosis, or a misapprehension of the appropriate measures, from a preconceived notion of the surroundings of a case. In other words, there is what may almost be called a monomania affecting the majority of those who enter the medical profession, which pervades all their mental operations, and crops out not only in their individual efforts, but in their co-operative undertakings. In some instances it is manifested in an obstinate egotism; in others by blind subserviency to the dictum of an arrant impostor, or of some absurdly overrated authority.

The prevalence, at different periods of medical history, of views that were exclusive, points to a pre-occupation of the mind by dogmas to such an extent that at one time debility was the sole indication to be met, and stimulants only were used in the treatment of diseases. Afterward, the pendulum swung to the other extreme, and excitation had to be combated by blood-letting and depressing agencies of every kind, so as to subdue supposed inflammatory tendencies. In a later era nervous disturbances predominated throughout the entire catalogue of diseases, and remedies of the anti-spasmodic order came into requisition. The current which set in the direction of these recognized doctrines bore down everything before it, and rendered independence of thought almost impossible. Yet, this did not prove their correctness, and now we smile at the

egregious mistakes of our ancestors, while many among us are still wandering in the same paths, when they adopt the hypothesis of prominent members of the profession without that personal investigation which is requisite.

Illustrations of this proneness to recognize authority without proper examination are afforded in the attitude of many medical men toward the use of anesthetics, the resort to antiseptics, the employment of alcoholic stimulants and opiates as medicines, the occasional advisability of blood-letting, the water cure external and internal, and all special measures for correcting the ills that flesh is heir to. Among certain members of the New School, it is chiefly shown by an unreasoning deference to all the theories and opinions of him whom they are pleased to style "the master."

At the same time a partisan spirit is manifested in respect to the theories and principles involved in the experimental development of the microscopic and other processes for investigating the origin of diseases. The germ theory is supported by able advocates of its claims, while it is opposed by others equally entitled to consideration, and many good and true men in the profession prefer to maintain a position of masterly inactivity.

There can be no doubt that microcosms accompany certain disorders of the organism, yet it is possible that they merely stand in the same relation to the disease that the maggot does to the superficial sore, and develop because of the favorable conditions for propagation in the impaired vitality of the part.

The partiality for one or the other view takes possession of the experimenter in such a manner that he becomes oblivious of all that does not favor his particular solution, and thus it happens, in our own country as well as abroad, that we have demonstrations of widely different results according to the standpoint from which experiments are conducted.

Many recent and conspicuous examples of this kind of controversy might be cited in which no one has been able to discover any radical or fundamental divergence in the doctrines of the contestants. It is the old case of looking at the same thing through glasses of different colors—



of regarding only one side of the gold and silver shield. These instances would simply serve to impress our main point, that professional bias has too much sway over all classes of medical men in shaping their opinions.

Those who are not caught in the haze of uncertainty and doubt, are apt to be dazed by their preconceived ideas of what ought to appear evident to others, so that there are few that go beyond the beaten path of recorded facts and legitimate induction without falling into a quagmire. They flounder about in the utmost desperation and bespatter all who come within their reach with the mud and slime by which they are besmeared from head to foot.

It is one of the most ominous signs of the times that some members of the profession who strike out upon their own responsibility, seem only to aim at accomplishing something new, without securing a trustworthy basis or considering the permanent advantages from such innovations in practice.

To this class belong the aspirants for fame in introducing anesthetics and antiseptics, as is notably exhibited by the numerous cases that have been reported of poisoning by vaginal injections of bichloride of mercury.

But the most striking evidence of this infatuation of medical men is afforded by what we have already alluded to—their wholesale abandonment of the right of private judgment and entire delivery of themselves to the control and direction of some grand luminary who is supposed to throw a light upon all around. It is well to give honor to whom honor is due; but if the rising men in the different departments of practice would always analyze the propositions coming from even the most distinguished teachers, so as to select that which is useful and reject that which is worthless, it would prove highly conducive to the progress of medical science. Great works and not great names are entitled to our veneration. The records of experience by men unknown to fame are entitled to consideration in the same manner as the clinical observations of the most distinguished authors; all such facts alike contribute to establish a basis for correct practice. Those who have preconceived theories to uphold

are more prone to make forced inferences from cases under their treatment than the general practitioner who seeks only the truth, and if we have merely the data given correctly, each investigator can make his own deductions.

The assumption of good faith on the part of writers whose names have not yet become a passport to public favor, might reveal in the productions of many zealous laborers among the younger members of the profession, and there is nothing so unfavorable to scientific progress as toadyism to great names. Additional value would be given, we think, to the selections in quarterly retrospects, periscopes and epitomes of the advances in the several departments of professional knowledge, if credit were given to the journals from which they are taken without affixing the names of the authors. Such republication of articles and extracts, without disclosing the writer's name or location, would allow the reader to form an unbiased judgment upon their intrinsic worth, instead of pinning his faith to the opinion of some specialist whose only distinction, very likely, springs from his doing something in a different manner from that generally adopted by the profession.

Of course we would not be understood as advising that the original publication be made without giving the name of the author as a guarantee of personal responsibility for the facts stated or opinions advanced. We simply contend that, this guarantee having been once given, the reproduction of the article anonymously is calculated to promote a wholesome collection of data to which no fictitious value can be attached by virtue of the writer's position or associations in medical circles.

Far be it from us to detract from the prestige of well-earned prominence which may belong to a medical man in his relations with his colleagues; it is fully understood that some among us deserve a recognition that cannot be claimed by others. But we would urge that fictitious qualities or high-sounding titles do not beget the genuine attributes of greatness any more than the gaudy plumage of the peacock can impart to the jackdaw the beauty which it covets. Every man in the medical ranks should pass for what he is

worth—nothing more and nothing less—not overestimating those of high estate, nor underrating such as may hold a more humble position in life. The highway to honorable distinction should be open to all alike, without let or hindrance from professional bias or prejudice.

#### MATRIMONIAL MANIA.

THE DETERMINATION of Miss Van Zandt, a young lady prepossessing in appearance and manners, liberally educated and accustomed to refined surroundings, to unite her life in matrimony with the anarchist, Spies, who is under sentence of death for a crime committed in cold blood, in the attempt to enforce principles, which if triumphant, would upturn the very foundations of healthy society and inaugurate a reign of terror and anarchy, can only be accounted for on the ground of an unhealthy mental organization. To the would-be bride, the worse than murderer is a hero, and the scaffold upon which he will stand, a prouder throne than that filled by king or emperor. She is willing to see her lover in his cage, talk with him between the iron bars which shut him out from the world, and unite her young life with one who will be hurled from the scaffold into eternity, suffering the just penalty of a fiendish crime.

In a less positive degree, but still of the same quality of brain action, is that condition of the mind which is stimulated and attracted by vile and reckless action, by deeds which are in open violation of good taste and law, by eccentricities of character which stand out in bold relief and excite public observation. One of the most popular novels of its day was "Guy Livingstone." The hero, a brilliant, dashing man of the world, allowed no obstacle to stand in the way of the gratification of his desires. Perfect in form, brilliant and witty in conversation, without one particle of moral honesty, he was yet the most cultivated by ladies of any man in society. A lady of wealth, refinement and education in this city remarked that this demon in human form was her *beau ideal*, and when she married it should be to a Guy Livingstone. A marriage with just such a character was shortly consummated, to be followed in a few years by separation and a

life overshadowed by the sickening memories of vice and crime, rendered still more bitter by the thought that the seeds of the husband's depraved nature might be transmitted to his offspring. Society is full of cases where that impudence which glories in depravity and seeks to link vice and crime with a kind of transcendental philosophy, magnetizes certain conditions of brain and gains a controlling influence over it. The central idea is covered over with broad assertions and the flowers of rhetoric until vileness is made to appear full of beauty and philosophy. Every day marriages are contracted the outgrowth of which can only be misery on the part of one or the other, and children whose unhealthy, unbalanced mental organization yield bitter fruit in vice and crime.

What are the causes of this unhealthy mental condition, this abnormal process of reasoning in the young, especially of the female sex, it is difficult to determine. Heredity undoubtedly plays an important part in the subject. Any form of dyscrasia may leave its taint in the very germ of life, so that its influence is felt in the growth of the convolution of the brain, and there work in the mental life with all its processes of reasoning of action and of impulse.

In the matrimonial mania simply sexual desires undoubtedly often enter largely, but this is by no means always the case. Quite as frequently there is a strong desire to do what is right—to live up to some high principle, but the mania shows itself in reasoning from false premises, which are made to seem true and great by a line of argument which will not bear a close analysis. Many an honest, earnest woman, loving truth and wishing to lead a noble life, sacrifices herself to the warm sympathies of her nature, to the magnetism of a strong, determined mind, and finds, when too late, the error which has wrecked her life. These cases of mania are not such as are amenable to medical treatment. They come rather under the influence of the teachings of the church and of home education, where the rule of right and wrong should be clearly defined. When the church shall have done its full duty as educators, we shall have fewer cases of matrimonial mania followed by disease and crime.

## THE SURGERY OF THE BRAIN.

APPARENTLY more remarkable than the impunity with which the abdominal cavity is now-a-days opened, its contents examined or removed, and recovery takes place without constitutional indications of a severe operation, are the possibilities and results of the surgery of the brain. As the supposed seat of the higher qualities of man, and as intimately associated with his reasoning faculty, by common consent, and quite naturally, though whether this is founded upon reason may be open to question, we have, until a comparatively recent period, regarded this part of our anatomy as something that could not be touched with the same security that other parts are touched, and as something inseparable from whatever of immortality belongs to us. Because of this almost superstitious awe that has been made to surround the brain, the cerebral substance has hitherto been excluded from the parts that were amenable to ordinary methods of treatment, and has prevented surgeons from resorting to many of the recognized operative procedures that have met with such brilliant results when applied to other regions of the body. Beyond the "trepan" of antiquity, the history of which is buried with the bones of those who have thus become silent witnesses of primitive surgery, we have little evidence of anything that approaches scientific and accurate brain surgery before the present century. To our epoch belongs the honor and glory of clearing away much of the misconception that embarrassed our understanding of the function of the brain, and of having proposed and executed with unerring skill, operations for the cure of cerebral lesions that, under traditional regimen, were beyond the reach of the physician's art. Hand and hand with brain surgery is the truly modern study of cerebral localization. Without the knowledge thus acquired of the centers of brain activity, positive brain surgery would be impossible. A valuable and suggestive contribution to this subject is made by Dr. Henry Hun in *The American Journal of the Medical Sciences* for January, 1887. The deductions, twenty-four in number, with which Dr. Hun closes his paper, are well sustained

from the seven clinical cases from which they are mainly drawn, and will prove of great value to the operative surgeon in guiding him to the seat of the lesion, or neoplasm, that he seeks to remove. But while brain surgery as at present understood would not be justifiable unless resting upon cerebral localization, without encouragement from other sources, mainly those of clinical experience, operations involving mutilation or loss of brain substance, could not be defended. In all operative surgery we must first know that the removal of a part, however small, will not interfere with the welfare of the individual more seriously than if the part, though diseased, was allowed to remain. The same rule governs brain surgery, but in the enthusiasm that has attended the brilliant results of Drs. Horsely, Bennett, and others in this department of practice, it is to be apprehended that this very simple and axiomatic rule may not always be sufficiently remembered, and hence, what would otherwise be an unnecessary allusion is here referred to almost as a warning against too frequent operative interference.

The cerebral mass, like many other organs essential to life, is double, and, while it may be doubted whether perfect functional substitution ever is accomplished, we daily have proof that such a state is approximated, and that so far as the well-being of the system is concerned, after it has become accustomed to the change, one organ can perform perfectly and sufficiently the functions of the one that is disabled. In this fact have we not the key-note of success in brain surgery? For why, we may ask, with modern methods of preventing and controlling the consequences of operations, should we not apply the same physiological laws to the brain that belong, for example, to the kidneys, the testicles, the lungs, and remove a duplicate cerebral center when it is diseased, or remove from it a demonstrated source of irritation? Recent practice justifies an affirmative answer. And we believe that in the near future, with increasing knowledge of cerebral localization, cerebral hemorrhage will also be recognized as belonging to the domain of the surgeon; and that the surgeon who refuses to operate upon the cases that present a prospect of recovery if the pressure could be removed, will



be held responsible, to no small degree, for the consequent softening and fatal issue of the ruptured cerebral vessels.

#### PARASITICOIDES IN THE TREATMENT OF PULMONARY PHTHISIS.

ALTHOUGH we are often told that antiseptic gases, sufficiently potent to destroy contagium, cannot be tolerated by the living organism, still, as Dr. J. E. Morgan reminds us in the *British Medical Journal*, certain facts have been recorded which tend to show that healthy lung tissues may be beneficially influenced by the action of disinfectants, and at times seemingly protected from the inroads of bacillus. Whether in such cases these organs become so altered in their chemical composition or in their vital properties as no longer to prove a congenial soil for the growth of the parasites, or the bacilli and their spores are destroyed, we have at present no means of deciding.

In confirmation of these remarks, Dr. Morgan refers to what really may be looked upon as extended experiments on antiseptic remedies, continually and efficiently carried out in the North-western Highlands and islands of Scotland. The great majority of the inhabitants of these districts unwittingly expose their lungs to an atmosphere highly charged with disinfecting fumes, thereby teaching us a useful lesson on the extraordinary tolerance of the respiratory organs to such sources of irritation. Their abodes are known in the Highlands as "bothies," and many of these hardy crofters live under the same roof as their cattle, so that in numerous instances the air of the dwelling reeks with the impure exhalations given off from the excretions of these joint inmates of the cabin. The primitive dwellings are warmed by a peat fire kept constantly burning in the centre of the floor. The luxury of a chimney is often altogether unknown. The smoke which arises from the combustion of this fuel, after thoroughly diffusing itself through every nook and corner of the building, makes its escape by a hole in the corner of the roof. It appears that, generally speaking, these Highlanders are remarkably vigorous and long-lived, and singularly exempt from the ravages of tubercular phthisis.

Upwards of twenty-five years ago, Dr. Morgan visited most of the districts to which his observations extended, and from what he saw and heard, he came to the conclusion that the comparative immunity from phthisis which these persons enjoy is to be ascribed chiefly, at all events, to the inhalation of the peat-smoke and the antiseptic ingredients contained therein, the tar, the creosote, and the tannin, together with various volatile oils and resins, black, unctuous peat being rich in these substances. At that time, it need hardly be said, nothing was known of the bacillus of Koch. It further appeared that any exemption from attacks of consumption which these Highlanders enjoyed was only extended to them so long as they resided in their smoky huts. When they migrated to other parts of the country, or took up their abodes in chimnied dwellings, they often suffered like their neighbors; nor, after the lungs once became infected, was a return to the homes of their fathers followed by favorable results. The fumes of the smoky cabins then exercised no curative influence.

The inference to be drawn from these remarks is sufficiently obvious. When the bacillus has once established itself in the lungs, the time for antiseptic remedies has gone by. On the other hand, where there is merely a predisposition to phthisis, whether hereditary or acquired, where also the climate or social conditions for its diffusion are favorable, and where healthy persons are brought into close contact with those suffering from the disease, there it is reasonable to assume that disinfectants may prove of great value as prophylactics. Hence we may anticipate that, in course of time, an efficient system of aerial fumigation will not alone assist the physician in warding off disease, but may enable the surgeon also to dispense with the cumbrous appliances associated with antiseptic dressings and the steam-diffusing urn.

#### JOHN HUNTER AND THE TREATMENT OF ANEURYSM.

THERE are certain experiments of Hunter's which are immortal in the sense that they were epoch-making in the treatment of diseases, which, before his day, were regarded as essentially of a fatal nature. For instance, the treat-

ment of aneurysm. An apparently hopeless case of this ailment had been placed under Hunter's care. It affected the femoral artery, and the only resource in those days was amputation of the limb. But Hunter had previously experimented upon the growth of antlers in the deer of Richmond Park, a privilege which had been granted him by the king. One of the vessels supplying the growing antler with nutrition had been tied. The nutritive supply being cut off, the antler became cold and was apparently ready to die. In a week or two Hunter, to his astonishment, beheld the horn growing warm as if its vitality were returning. Growth was actually resumed, and on examination the fact of the establishment of a collateral circulation was discovered. Applying this fact to the cure of aneurysm, Hunter's clear mind grasped the idea of utilizing it in the cure of the diseases of humanity, and in the saving of life and limb. He operated with singular success, and his treatment of aneurysm is the treatment of to-day. His fourth patient lived for fifty years after the operation suggested by the antlers of the stag, and, appropriately enough, the specimen illustrating the case finds a place on the shelves of the museum in Lincoln's-Inn-Fields.

#### VOCAL TRAINING AND MANAGEMENT OF THE BREATH.

THE prevalence of throat troubles (says Bernard W. Fisher, in the *Cleveland Medical Gazette*) is so marked in America, that if one hundred individuals, collected at random, had their throats examined, it is probable that four out of every five would be found to have these delicate organs more or less affected. Whatever cause may be assigned by the medical expert in each particular case, the importance of a thorough mastery of the art of correct breathing can hardly be insisted upon too strongly. Notwithstanding the knowledge which of late years has been so generally diffused upon this subject, a defective style of breathing is by no means uncommon even in public singers, while among amateurs a perfect management of the breath is so rare as to excite in a critical observer a feeling of gratified surprise. The name and works of

Behnke have, of course, been known in this country for a considerable time, but some of his statements are too striking to be omitted when treating of this topic. When lecturing at the Tonic Solfa College, he took ten students and measured their lung capacity in cubic inches, by means of the spirometer, with wrong or "collar-bone" breathing. He then showed them how to breathe correctly—that is, midriff and rib breathing. The average increase among the ten was twenty-five cubic inches of air; the least increase twelve inches, and the greatest forty-five. He adds: "I imagine that these figures are more eloquent than any words, and I think it superfluous to make any further comment on them"—("Mechanism of the Human Voice," page 20). "Now, putting aside the extreme increase of forty-five inches, let any one consider what an increase of lung capacity of twenty-five cubic inches of air must mean to the vocalist in the execution of difficult passages, to the speaker using his voice by the hour, and, lastly, to the running athlete. It will surprise a young man commencing vocal training to inform him that, at the same time, he will become a better man in the gymnasium and the race, but unless good lungs are an advantage to the athlete in name only, the above figures tell their own tale. In teaching young men and boys, this view of the subject should always be put before them, as an incentive to their acquiring a thorough mastery over the interesting art of 'taking breath.'"

Correct breathing cannot *cure* disease; the medical expert must do that, but it will *prevent* disease; and when the throat, under proper treatment, has been brought to a healthy state, it will assuredly be the chief means of keeping it in that condition. The following is a striking instance to this effect: Some years since, an English clergyman had to give up all ministerial duty from "clerical sore throat." Acting under the absurd advice of a London teacher of elocution, he resided in Spain for five years without the slightest benefit. He then returned, and at the house of the elocutionist who had made him an exile, saw a copy of Behnke's celebrated work. Coming to the conclusion that the author must be rather clever, he at once consulted him. Fol-

lowing his advice he had his throat made medically sound by Lennox Browne, and then took the usual course in breathing and voice production under Behnke. A short time after I was with Herr Behnke, when a post card arrived from the clergyman: "I preached yesterday in Chichester Cathedral, and was congratulated on the strength of my voice, and the ease with which I filled the building."

Sometimes we listen to a preacher who takes short "collar-bone" breathings, using twice the power necessary for the building, and toward the conclusion is in evident distress (which naturally communicates itself to his hearers), with a failing voice and perspiring face. If before entering the ministry he had learned to breathe and use his voice properly, such troubles could never have existed.

There is yet another affliction which correct breathing will rarely fail to cure—a high-pitched and effeminate voice in a man. To quote another case from the same work:

Mr. M., a tall, thin young man, engaged in evangelistic work, suffered from "weakness of voice." He spoke chiefly in a "child voice," over which he had little control. His breathing power increased by sixty cubic inches in two lessons. "In one week more," adds Herr Behnke, "I dismissed him with a full, sonorous man's voice in place of the uncertain child's squeak with which he had come to me."

Lastly, it should be noticed that the cure of stammering often entirely depends on the management of the breath, and in all cases this must be an important agent.

We will now briefly describe the best course for a breathing instructor to pursue. Let the pupil lie down on his back, place the hand lightly on the lower part of the lungs, and tell him to inhale easily through the nostrils, allowing the air to fill the lower part of the lungs, avoiding all motion of the shoulders and heaving up of the chest. When the lungs are fully inflated, count four with deliberation, and let the pupil exhale all the air as suddenly as possible. Gradually increase the counting week by week up to twelve, which marks a real control over the unused muscles. The next course is for the pupil to

inhale suddenly and exhale slowly. This is, of necessity, a meagre outline of the instructions, since it is evident that no written directions can take the place of personal teaching. From four to six weeks is usually sufficient for the young and vigorous to gain command over the breathing apparatus; older pupils have sometimes great difficulty in mastering the muscles, unruly through disuse.

Herr Behnke allows no use of the voice beyond ordinary speaking while the breathing exercises are going on. By others this rule has been much modified without unsatisfactory results.

The total neglect of this important subject in both American and English schools is perfectly astounding. Half an hour a week for three months would be ample for the purposes we have mentioned. These few hours would confer a benefit of the highest value and lasting a lifetime.

#### TARTAR EMETIC VACCINATION.

IN THE *Journal* of the Am. Med. Association, Dr. C. Proegler reports a series of vaccinations made just after the close of the Franco-Prussian war on an emigrant ship on which he was surgeon. He says: On the seventh day out I was notified that an old man was sick, and on examining him I found that he had small-pox. I separated him and his family, two grown daughters, from the rest of the passengers, and disinfected the ship thoroughly. The infected man was sixty-seven years old, and died within three days. The daughters had small-pox rather severely, but survived. These three cases were the only ones which occurred on our ship. I began now to inspect every passenger, including the crew, and found that about one hundred of the passengers were not vaccinated. There was no virus on board, and recollecting of having read somewhere about the identity of the pustules of tartar emetic and small-pox pustules, I resolved to try a few inoculations with tartar emetic.

I inoculated myself first, and having been re-vaccinated when fourteen years old, I could not find any difference between the two. From myself I inoculated some babies, and saw that the course was nearly identical with true vaccination.



The pustules could not be distinguished from true vaccination pustules. It must be remembered that during our services in the Prussian army we had an extended opportunity to see small-pox, especially among the French, so that I am well aware of what I write. I inoculated all the passengers, and had the satisfaction that every vaccination took. Our voyage, on account of contrary winds, was a tedious and long one, lasting sixty days. When we arrived in New York we got, without any trouble, a permit to land. I am perfectly convinced that by the combined care and cleanliness I exacted from the passengers, and the re-vaccination or the morale of it, I succeeded in staying the ravages of the disease, which might have been very fatal in such a crowded ship as ours.

#### A FLAMELESS LAMP.

AN APPARATUS called a flameless lamp (says the *Brit. Med. Journal*), is an ingenious application of a well-known chemical and physical experiment. This lamp purifies the air in a sick-room or confined space. It consists of a spirit lamp and a spiral thread of platinum about fifteen millimeters in length. In order to use the lamp, it must be filled with alcohol at about ninety. The wick is moistened, and the spiral thread having been previously soaked in alcohol, is so placed that it surrounds the wick as closely as is possible without touching it. This last precaution is essential. Then the lamp is lighted, and the platinum-thread immediately becomes red-hot. Two or three minutes afterward the lamp is put out by using a glass extinguisher. Currents of air must be avoided, as they make the lamp flicker, and the platinum-spiral is then exposed. As soon as the lamp is put out the extinguisher is removed from it; the spiral remains incandescent and continues in this condition so long as there is alcohol in the lamp; it then gives out a sweet, etherized odor, and the most mephitic air is quickly purified. In a smoking room, where generally the smell of smoke is persistent, all odor disappears after the flameless lamp has been used. In order to understand this somewhat complex phenomenon, it is necessary to re-

member that hammered as well as spongy platinum possesses, at a very high temperature, the property of condensing gas and facilitating in its pores the combination of the oxygen of the air with combustible gases. The reflex action must not be forgotten; the heat given out by the spiral provokes an abundant evaporation of alcohol. The vapor of alcohol, in passing upon the incandescent platinum, is decomposed and liberates its oxygen, of which part goes to increase the incandescence. Thus, the incandescent platinum accelerates the evaporation of the alcohol, and *vice versa*. The oxygen which is set free spreads about the room and renders the atmosphere wholesome.

The manufacturer of this lamp asserts that ozone is produced when a small quantity of a liquid which he calls ozogene, and contains ether, is mixed with the alcohol. Whatever may be the process, the purification of the air is manifest. This cheap apparatus, invented by M. Dobreiner, is much used by the Belgian physicians.

#### A SIMPLE METHOD OF ARTIFICIAL RESPIRATION.

DR. JOHN ARTHUR FRANCIS, writing in a foreign exchange, criticizes the accepted modes of restoring respiration—Marshall Hall's, Sylvester's and Howard's—and draws attention to a method of his own which he believes combines all their advantages in a greater degree, without the disadvantages attending them; and also possesses the required simplicity. It is, merely, the body having been laid on the back, with clothes loosened and the mouth and nose wiped, for two bystanders to pass a narrow lever of any kind under the body at the level of the waist, and raise it till the tips of the fingers and the toes of the subject alone touch the ground; count fifteen rapidly; then lower the body flat to the ground, and press the elbows to the sides hard; count fifteen again; then raise the body again for the same length of time, and so on, alternately raising and lowering. The head, arms and legs are to be allowed to dangle down quite freely when the body is raised. A child can easily be manipulated by one person with a hand under each loin. For an adult the best way is for two persons to grasp each

other's right hand under the body, and then raise it. A stout walking stick or umbrella would be efficacious where the operators were too weak to lift up the patient with one clasped hand. To join both left and right hands with those of another person, would probably form too great a plane for the body to rest on, except in the case of a very tall patient, and prevent the full extension of the spine.

It seems to the proposer of this method that the position of the body, when raised as described, mechanically puts upon the stretch all the muscles of inspiration, except the external intercostals, and that the position of the ribs, sternum, and clavicles, allows their weight to aid considerably in the expansion of the thoracic cavity. The intestines and abdominal viscera also gravitate toward the pelvis, and would doubtless draw down the diaphragm.

#### RESULTS OF THE HIGHER EDUCATION OF WOMEN.

AT THE annual dinner of the Atlanta Society of Medicine, Dr. Taliaferro denounced in very outspoken terms the "pressure" system of education in our fashionable boarding-schools and female colleges. He said that the present birth-rate, when compared with that of olden times, shows a degeneracy of the constitution of women of the present day. He thought that physical culture was a first consideration, and that, as a girl approached womanhood, she needed all her energy for the development of certain organs and the exercise of their natural physiological functions. If, at this period, her energy is devoted to the development of her intellect, the consequences are imperfectly developed ovaries, dysmenorrhea, hysteria, physical impairment, and perhaps insanity. He thought that it was the duty of the physician to make his influence felt upon this question among the families who were under his charge. He further claimed that the girl who wins the prize is an invalid, the girl who stands first in the class is an invalid, and that highly intellectual women are not fit for matrimony—that higher education is damaging to women, damaging to humanity.

#### JEWISH AND CHRISTIAN BUTCHERS.

WE learn from a recent number of the *Jewish Chronicle* that in Germany the opposition to the Jewish mode of slaughtering cattle has made its way into the Imperial Parliament itself. The Society for the Protection of Animals having memorialized the Reichsrath to declare the Jewish system illegal, the document was forwarded by the Committee of Petitions to Prince Bismarck, with the recommendation that it should be favorably considered by him. The views of the Chancellor upon this subject are not known, but it is feared in Jewish quarters that he, too, may be inclined to throw his immense weight on the side of the anti-shechita party. An ironical comment on this opposition to the shechita is furnished by an item of news respecting a sanatorium in one of the German health-restoring spas. The medical head of this establishment has ordered that the patients should be supplied with meat killed according to the Jewish mode. The result of this order is that nearly all the Christian butchers now announce the sale of "Kosher meat." This circumstance should not be lost sight of in the present agitation.

#### BIBLIOGRAPHICAL.

A SYSTEM OF SURGERY. By Wm. Tod Helmuth, M. D. Fifth edition. F. E. Boericke, 1887.; p. 1111.

In one form or another this system of surgery has been before the profession since 1855, the date of the first edition. At that time the author, being, as he says (preface to second edition), a recent graduate, made the attempt to adapt surgery to homeopathic practice (title page to first edition). We are pleased to observe that in the later editions of his work Dr. Helmuth has discarded this shibboleth, at least from his title pages. By so doing he has appealed to a broader class of readers, and signified his desire to be ranked among the liberal men in medicine; among men who are fearless when the welfare of those intrusted to their care is concerned; among men for whom the charge of inconsistency—knowing, as they do, that their purpose is honest—has no terrors. In science there is neither pathy nor ism. The good will surely stand, the evil will as surely fall; and the new will supplant the old to the degree to which the latter fails to meet the requirements of the present. Therefore it is that we consider it as incompatible with the true physician to bind himself, either in name or in practice, to one school of medicine. All that there is in medicine or surgery belongs to him, and from this rich field of experience and thought he is free to draw the best methods for relieving suffering humanity. A

work that is offered to the public for their use may be fairly examined from two standpoints. *First*, the motive, usually based upon a supposed necessity, which in the author's mind prompted its conception. *Second*, its value when compared with other similar works—that is to say, the particulars in which it differs from other works, and the value of those differences. Dr. Helmuth tells us (preface to fifth edition) that he has endeavored to "render this book more worthy the confidence of the profession than its predecessors, as well as a fair exponent of the 'surgery of the present;'" and if we rightly understand him, he has aimed at the same time to reduce his own familiarity with his subject, to the comprehension of his readers. We congratulate him upon the successful accomplishment of the latter purpose. Concerning the confidence that the profession may put in this edition, it is now too early to speak; but it is possible at this time to inquire with what success Dr. Helmuth has presented the surgery of the present in his "System of Surgery." Before referring to a few data that have a bearing upon this question, the work, as a whole, calls for criticism. The first part, which forms one of the additions to the work, is very good. It treats of minor and preliminary surgery—though why the dressing of wounds is not included in it does not appear. The directions are plainly given, and with a welcome absence of the ornate diction that mars other portions of the work. This seems to us to be one of the most valuable parts of the surgery, and fills a need that was conspicuous in former editions. After this the work shows carelessness of construction, and an over-crowding, in a "System of Surgery," with needless detail, producing a plethora of data that have no practical bearing upon the subject treated. This apparent tendency to introduce all that can be introduced is suggestive in the histological parts of a want of familiarity with the subject discussed, and bears strong evidence of a liberal drawing upon the text-books in general use among educated physicians. Dr. Helmuth's "System of Surgery" should, in this particular, be either more or less. The latter would, we think, increase its usefulness. A system of surgery is a practical setting forth of surgical methods, derived either from the experience of the author or from that of other men, that it seems desirable to present to the profession in a form convenient for use. More pathology or histology than are essential to clear demonstration are unnecessary introductions, and serve to blind the eyes of the trusting, or needlessly to confuse the mind of the honest student. In this system of surgery we find neither pathology nor histology that is not, at least, as well said in other places. Neither as a whole do we find much that is new, or much that serves to distinguish these eleven hundred and eleven pages from many other equally good compilations. His quotations are numerous, his suggestions few. In the matter of diagnosis, a most important part of a system of surgery, we find few data that are not derived from other sources; and in the matter of treatment rarely other than conventional methods are recommended, or the remedies in general use among members of the New School of medicine, mentioned.

The author's classification of tumors is in some particulars not in agreement with what has been considered the most scientific nomenclature; we do not feel sure that the better understanding of neoplasms has been increased by the changes made. As an example, Class C, "The Carcinomata," is made up of neoplasms composed of epithelial tissue, and among these we find "Osteoid Carcinoma." That there may be an osteoid carcinoma, using carcinoma

to describe a malignant growth not necessarily of epithelial genesis, is admitted, but that an osteoid growth, being a connective tissue neoplasm, can be composed of epithelial tissue we find nothing to establish. The two great blastodermic tissue divisions remain quite distinct, and there is no more reason to believe that a bone grows from epithelial cells, than that a gland is formed from a bone. Then again, under semi-malignant neoplasms we find lympho-sarcoma and round-celled sarcoma. Both of these connective tissue neoplasms are highly malignant, more so than some epithelial growths. On the other hand, among innocent tumors are placed the adenomata, which are, moreover, referred to as of quite frequent occurrence. True adenomata belong to the rare neoplasms, and their malignancy depends upon the structure or organ in which they are developed. For example, adenoma of the intestinal canal present the highest type of malignancy. The author's belief in the part taken by inheritance in the development of "cancer" is probably too radical to be in harmony with modern investigation and teaching. Doubtless we have not yet reached a full knowledge of the relation between these two factors, but Dr. Helmuth offers his work as a fair exponent of the "Surgery of the Present." We are somewhat surprised to find the author so warmly advocating the use of Marsden and MacLimon's method of treating cancers. The majority of surgeons have found it rather complicated, and to yield unsatisfactory results. Dr. Helmuth speaks of its use in "ulcerating epithelioma" of the uterus. In this connection he makes mention neither of nitric acid, chromic acid, nor the use of the curette. In the treatment of abscesses, sinuses and fistulae, the author follows tradition; but we fail to find mention either of Verneuil's method of opening large abscesses, and injecting them with iodoform and ether, or of the now generally accepted practice of scraping sinuses and chronic suppurating surfaces. Neither is the excellent method of sewing up anal fistulae after they have been scraped or dissected out referred to. Perineorrhaphy is fairly treated. We think that surgeons now generally prefer to control intestinal activity by a preparatory treatment of a week or more before the operation—in which treatment the absence of milk forms a principal part—rather than to confine the bowels with opium, as Dr. Helmuth advises. The chapter on "Laceration of the Cervix uteri" is mainly a reprint of a recent work on "Minor Surgical Gynecology." This system of surgery concludes with a chapter on ovarian tumors. These are well described, though the points of diagnosis do not appear clearly made, especially when we consider that the book is written for the "first course student, as well as the graduate." Dr. Helmuth expresses a strong belief in the value of Drysdale's corpuscles in establishing a diagnosis of ovarian tumors. In this opinion he cannot expect to receive the support of the most advanced surgeons, it having been shown that the presence of these elements is not only uncertain, but possessed of no significant relation to the ovarian neoplasm. One necessity of establishing a diagnosis upon an examination of an abdominal tumor before its removal may, in a measure, explain the mortality in Dr. Helmuth's published series of laparotomies (*American Journal of Obstetrics*, November, 1886).—for with modern methods of operating and the success that other surgeons record, there must be some ascertainable cause for a mortality of twenty-five per cent. We refer to the puncture that must precede such a test. This procedure is now recognized as product-



ive of unfortunate complications, and therefore, and because nothing of value is obtained by the examinations, is universally condemned; in view of which it might be advisable for Dr. Helmuth to deny himself the intense satisfaction he derives from knowing the contents of an ovarian tumor before its removal, and so, if possible, increase the chances of recovery of those upon whom he performs abdominal section. In conclusion, this system of surgery attempts too much, and therefore accomplishes little. Original matter is conspicuous from its absence, and some valuable procedures of modern surgery are omitted from the text. It is possibly as good as many other similar publications, but the only claim that a work of this nature has upon existence is that it is a little better than its predecessors.

**THE PRESCRIBER: A DICTIONARY OF THE NEW THERAPEUTICS.** By John H. Clarke, M. D. Edinburgh. Ect. Mem. Med. Soc., Edin. Physician to the London Hom. Hospital and Lecturer on *Materia Medica* to the L. H. H. Medical School, &c., &c. Second Edition. Carefully revised, with numerous additions, including a Glossary of Medical Terms. London: Keene & Ashwell; New York: Boericke & Tafel, 1886; pp. 208, 16mo.

The popularity of this useful little hand-book has been shown by the exhaustion of its first edition within a twelve-month of its issue, and shows that the author was right in believing that it would meet a "generally felt want." We have been in the habit of commending it to patients who want a domestic work, particularly if they have been accustomed to use such books, and to any one who knows how to use it, great service may be obtained from it. It is intended as a reminder to practitioners, and it is a very useful little companion for the busy physician.

Those physicians who are not familiar with the "New Therapeutics," will find this book just what they require as an introduction to the study.

**A TEXT BOOK OF MEDICINE FOR STUDENTS AND PRACTITIONERS.** By Dr. Adolf Strümpell. Translated from the second and third German editions by Herman F. Vickery, A. B., M. D., and Philip Coombs Knapp, A. M., M. D., with editorial notes by Frederick C. Shattuck, A. M., M. D. New York: D. Appleton & Co., 1887.

The work of the distinguished German professor has proved so useful to students and practitioners in Germany that in three years three large editions have been issued, and almost immediately on being republished in this country it has been adopted as a text-book in some of our leading colleges. We know of no general work on practice in which nervous affections are as ably and fully discussed as in the last half of this volume. The history, pathology and general description of disease is excellent, but the treatment, as is the case with all works on practice emanating from the Old School, will have to be supplemented by information gained from other sources.

**Myricin.**—This remedy has been used by Dr. Simpson of Glasgow in jaundice, attended by a thick, tenaceous nauseous secretion in the mouth. It was given 1 gr. j. every four hours.

## CORRESPONDENCE.

### AMERICAN INSTITUTE.

*Editors of the Medical Times:*

I am preparing a general index of the transactions of the American Institute of Homœopathy, which will include the session of 1887, making in all forty sessions. To do this I need the vols. for '44, '45, '46, '47, '49, '50, '51, '52 and '57. If there are any members of the institute who have duplicate numbers of these they will confer a favor by communicating with

T. M. STRONG, M. D.,

Prov. Sec'y.

WARD'S ISLAND, N. Y., Jan. 15, 1887.

## TRANSLATIONS, GLEANINGS, ETC.

**A Curious Test.**—An interesting discussion has arisen between a well-known English drug house and a prominent American firm over the question as to whether hazeline "is an active remedy, as seems to be the opinion of some medical men in England." As the writer appears to have been largely influenced by the so-called report of a committee in America, we feel it incumbent upon us to explain the peculiar manner in which this committee made their test. The committee's report was published in the *Therapeutic Gazette*, a trade journal of an American drug house, which manufactures a fluid extract of Hamamelis, but not a distillate. It has been a matter of general surprise that this committee undertook to ascertain the value of a distillate of the fresh bark and buds by directing their efforts on preparations made from the dry pulverized root. They assert that "three kilograms of the finely powdered dry root were macerated ten days, &c., &c., and that the odor of the product they obtained was most likely due to the presence of a volatile oil, of which they were able to extract but a very small quantity." They certainly deserve the thanks of the pharmaceutical world for their original work on the dried root and their discovery, as probably no one had before undertaken to demonstrate that the root contains a volatile principle; and even if this was found in the green state in the root, one would hardly expect to find a trace of a body so volatile after the root had been pulverized and dried. But we submit that this report is absolutely worthless in determining the value of hazeline. What would be thought of a report purporting to give the scientific nature and worth of cherry-laurel, rose or elder-flower water (all made from fresh petals or leaves) which was based on experiments made with preparations of the "finely-powdered dry root?" Yet the writers of the article in the *Therapeutic Gazette* pretend to estimate scientifically the worth of the distillates of the Hamamelis Virginica (which every druggist in America well knows is made from the bark of the fresh twigs) by experimenting with a distillate made from the "finely-powdered dry root." Rather absurd, is it not?—*Exchange.*

**Percussion of the Cranium** (Dr. W. H. Mays, *Pacific Med. and Surg. Jour.*, Sept., 1885).—To Dr. B. Silva belongs the credit of discovering that, on percussing the cranium over the motor centers that border the fissure of Rolando, contraction is excited in the limb over which the

center presides. For example, by tapping over the left temporal region, corresponding with the arm center, there will be produced a slight movement of the right fore-arm upon the arm, and slight pronation of the fore-arm with adduction of the thumb. If, again, the skull be percussed a little higher up, over the leg center, there will be a contraction of the quadriceps femoris, the tibialis anticus and the gastrocnemius. Dr. Silva uses a pleximeter and a small hammer. The amount of movement, he adds, is in proportion to the force of the blow.

Who shall say that this discovery, if confirmed, may not contain the germ of a new basis for cerebral diagnosis, perhaps treatment? After other psycho-motor and sensory areas shall have been localized, and a later and more scientific phrenology shall have been mapped out, the skull in accordance with the function of each underlying knuckle of cortex, the percussion of the cranium will become an important feature of clinical teaching. The day will arrive when the physician will be able to determine the nature and seat of brain lesions with as much accuracy as he now determines the nature and seat of heart lesions. And when we have learned to readily locate a cerebral lesion, what next? When we can say, "Here, within half an inch of the tip of my finger, lie the disordered brain-cells," shall we stop there? Is there something so terrible in the idea of the local treatment of the brain? Fifty years ago the uterus was similarly a *terra incognita* to surgeons, being regarded with a sanctity approaching to awe. The surgery of the brain awaits its Marion Sims.

Take hemiplegia, for instance. It may be caused by a slight hemorrhage. A mere speck of blood, a little blot on the fair surface of the brain, and the man is changed in a moment from a bright, intelligent being to a half-witted imbecile. If there be no destruction of brain tissue, the removal of the pressure of this hemorrhage before secondary degeneration set in might bring about the recovery of the patient. Or hemiplegia may result from amnesia of a small portion of brain surface. If the blood supply could be restored within twenty-four hours the function would return almost unimpaired. The direct treatment of hemiplegia will some day be considered within the legitimate compass of the surgeon's art.

**To Arrest Nasal Hemorrhage.**—We take the following practical suggestion of Prof. John Chiene from the *Edinburgh Medical Journal*: In persistent hemorrhage from the nasal cavity, plugging the posterior nares should not be done until an attempt has been made to check the hemorrhage by firmly grasping the nose with the finger and thumb, so as completely to prevent any air from passing through the cavity in the act of breathing. This simple means, if persistently tried, will in many cases arrest the bleeding. The hemorrhage persists because the clot which forms at the rupture in the blood-vessel is displaced by the air being drawn forcibly through the cavity in the attempt of the patient to clear the nostrils. If this air is prevented from passing through the cavity, the clot consolidates in position and the hemorrhage is checked.

**A Simple Method of Removing Wens.**—In the *North-western Lancet*, July 15, 1886, Dr. Lauenstein's simple method of removing sebaceous cysts of the scalp is described. After shaving and cleaning the neighborhood of

the wen, he makes a radial cut, about one inch long, through the skin where it is separated from the capsule of the wen, for instance, on the back of the head at the lowest point of the base of the tumor; through this slit he introduces the slender handle of the scalpel used, or a similar instrument, between the skin and sac, more or less deeply, according to the size of the tumor. This is very easily accomplished, and then he makes several sweeping movements of the scalpel-handle to the right and left, thereby separating with ease the sac from the skin. The elasticity of the skin allows almost the whole circumference of the wen to be separated in this way in a few seconds. He then cuts, with one snip of the scissors, the skin over the crown of the tumor as far back as is necessary, and shells it out whole from its seat. There is often no bleeding, because of the division of the vessels of the sac by a blunt instrument. The rest of the treatment—sutures, drainage—is not affected by this procedure. Nevertheless, he adds that any crushing or tearing of the edges of the wound is completely avoided.

**Antipyrine as a Hæmstatic.**—The *Independencia Medica* reports the following conclusions of Dr. Cosati: (1) antipyrine is a powerful hæmstatic; (2) it is superior to perchloride of iron, because it leaves the wound perfectly clean; (3) it is superior to the thermo-cautery, because it leaves no eschar; (4) it is even superior to ergotine because it has no toxic effect if the doses are not too enormous; (5) in most cases it is preferable on account of its double antipyretic and antiseptic action; (6) the hæmstatic action takes place in a very short time.

In a strength of four or five per cent. antipyrine has given the best results. A solution of this strength in glycerine would be useful as dressings in cases of fungous ulceration, as the hæmstatic action of antipyrine could be combined with the depleting action of glycerine.

**Rhus Poisoning.**—The *Hon. Recorder* says: In a very queer book entitled, "A New Departure in the Theory and Practice of Medicine, by C. A. Harley, M. D., N. Y., P. O'Shea, 1883," the author makes the following remarkable statement: "But perfect and permanent immunity may be obtained by the unfortunate sufferer by simply swallowing or eating ten or a dozen of the bright black berries which grow upon the poison oak vine. These ripen about August or September in the South, are of a glittering blue-black color, about the size of a small garden pea, and entirely harmless. The mocking birds eat them."

"For many years I was excessively sensitive to the influence of this vine—taking the effect by simply riding within six feet of the tree to which it clung. When affected, I was often sick for a week before recovery. The antidote was taught me by an old negro herb doctor. I can now handle the vine with the greatest impunity."

**The Effects of Scientific Discoveries.**—It is indeed extraordinary (remarks Professor Austen in *Druggist's Circular*) what an effect a laboratory experiment may have on the world. The discovery of a process for making artificial alizarine practically put an end to the cultivation of madder. The investigation of indigo has sounded the knell of indigo growing. The discovery of the synthesis of salicylic acid, and its subsequent cheap production, has enabled Germany first, and then other nations, to send armies to do battle in parts of the world where rheumatism

and malaria were heretofore absolute. And now saccharine in time may return to other agriculture the land now devoted to the raising of sugar. Now that we have a saccharine complex to handle, and have a clue to follow up, the doom of sugar is but a matter of time. I have sometimes thought that it would not be amiss if the students in our institutions of learning could spare a little time from their other studies—to which all honor—for the study of the effects of scientific discoveries upon the growth of civilization. The intrigues of kings, the abominations of queens, the atrocities of nobles, the nastinesses of their servants, the oppression and slaughter of peoples, stand out in vivid contrast with the irresistible effects of scientific discoveries. The scientific discoverer laboring in his laboratory by a simple experiment gives to the world a new power, which may exert an effect greater by far than that of all the kings and governments on earth. Terrible diseases are conquered, great manufactures are established, and prosperity comes with all her blessings, and would, as a rule, remain, if not interfered with by meddling rulers and political quacks.

**The Dietetic Value of Water.**—George B. Fowler (*Cincinnati Med. News*).—I venture the statement that the cause of one-fourth the cases of disordered digestion in fashionable life is a lack of sufficient water in the dietary. It has become customary with men to substitute at their meals wines and liquors; and women, if they do not indulge in these, draw the line at a few sips of ice-water, fearing, as they say, that water freely indulged in will produce obesity, or, by diluting the digestive fluids, induce dyspepsia. I am aware that such doctrines have been promulgated by high authorities, but am, nevertheless, fully convinced that they are pernicious fallacies. It only needs a little common sense and observation to controvert them.

The habitual substitution of wines, malt liquors, &c., for water is pretty sure, in the long run, to result in evil in the majority of cases. For, in the first place, where pure or undiluted water is drunk the individual is not disposed to take quite enough to supply the system with the requisite amount of fluid, and if he should, everything is upset by the pernicious effect of the contained alcohol. Beer, though containing less alcohol, is open to the same general objections. It should never permanently, or for any lengthened period, be allowed to take the place of pure water. All these beverages are unnatural solvents; besides water they contain many ingredients intolerant to most alimentary canals. Especially is this true in those persons already suffering from deranged digestion.

Water taken at meals in quantities sufficient to satisfy the thirst acts only beneficially. Indeed, an excess will not hurt, for it is quickly absorbed, and increasing the blood pressure favors digestion by thus inducing a freer flow of the juices. It is a digestive agent as well as food. By the liberal use of water as a beverage, the feces are rendered of a proper consistency, the intestines maintain their normal activity, and constipation is avoided. The passage of from thirty-five to fifty ounces of urine each day, the result of the ingestion of pure water, tends to keep the kidneys and urinary passages clear of concretions and morbid changes, and with the skin and lungs equally active, the bodily house is well swept. The same result is impossible with artificial beverages. He who stints himself in the drinking of water is dirty inside.

## MISCELLANY.

—Dr. Strong, Chief of Staff W. I. Hospital, reports 3,733 patients under treatment during the past year. Of this number 2104 were in the medical wards, 1239 in surgical, 119 in erysipelas, 65 in gynæcological, 136 in venereal, and 70 in the ophthalmic. The number of deaths was 279, mortality 7.47 per cent. Of this number phthisis caused a mortality of 45 per cent. The death rate in the erysipelas ward was 0.8 per cent. Since September, 1875, 1137 cases of erysipelas have been treated in the hospital, with a mortality of 2.72 per cent. Number of patients discharged cured, 1487; improved, 1399; unimproved, 176.

—Dr. H. M. Paine has been elected president of the Albany County Society.

—The State Board of Health of Pennsylvania, aside from sanitary investigations, has taken up a work of much importance and doubtless future benefit to the public in the preparation and distribution of circulars treating of contagious and infectious diseases, giving practical facts as to how such diseases are spread or communicated, how they can be avoided, and many valuable rules in regard to the treatment of patients and care of the sick-room. As one of the most contributory elements in the spread of epidemics is the prevailing ignorance of proper precautions to be taken against them, circulars like these clearly setting forth such points are of a value to the general health beyond estimation.

—Aniline oil is used as a local anæsthetic when simple operations are to be performed. The finger is dipped for a short time in the oil, and there is entire absence of pain.

—New York, though located on a naturally healthy spot, shows an extraordinary rate of mortality from almost every disease. Like the red Indian, for want of adaption; like the Hawaiian, through leprosy and civilization, the New Yorker also, owing to the baneful style of modern architecture, manifested in towering, stifling, crowded tenements, would cease to exist in a predeterminable period of time. Were it not for immigration the population of New York would decrease with every day.

—Dr. Ogle, the Register of Statistics in England, has found that the mortality among English physicians for three years, from 1880 to 1883, was 25.53 per thousand, while that of barristers was 20.23 and clergymen 15.98 per thousand.

—*Lancet* (June 5, 1886) reports from *La Gazzetta Degli Ospitali* (May 23), a case from the surgical clinic of the university of Genoa in which Professor A. Ceci removed a greatly enlarged spleen from a girl aged seventeen years. Thirty-one days after the operation the patient was reported in excellent condition, and a more recent note from Professor Ceci states that the patient is in good health; pulse 80; respiration 22; weight increasing rapidly; complexion florid. The extirpated spleen, with the contained blood, weighed 77.16 ounces.

—Mr. Lawson Tait never permits anything in the nature of organic matter to remain about his hospital, and never examines a patient there until she has taken a bath, changed her underclothes and gone to bed. He is scrupulously clean in everything he does; consequently he can well afford to express contempt for such germs as are commonly found in less cleanly places.



—W. H. Allen (England) reports a case in which a girl, thirteen years and six months old, bore a nine pound baby, the father being a boy fourteen years old.

—The vital statistics of Paris show that 28 per cent. of all children are illegitimate. Of still-born, thirty-five per cent. are illegitimate.

—In the old days it was the duty of English coroners to hold inquests not only on deaths, but on fires, burglaries and robberies. Inquests on fires are still held in Northumberland, and it is now proposed to reintroduce into London the ancient "Crown's Quest Law" in the matter of fires.

—Convulsions may frequently be cut short, like magic, by turning the patient on his left side. The nausea as an after effect of chloroform or other narcosis may be generally controlled in the same manner.

—An authority on canned goods reveals the interesting fact that most of the jellies in the market are made of apple parings and cores. Sometimes the stock is kept so long that it will not make jelly; then they make strained honey out of it. This is called enterprise in America. In France they call it criminal, and send the men who practice it to jail.

—Prof. Bartholow speaks very favorably of the use of nitro-glycerine persistently in the treatment of fatty heart. It takes the strain off the weakened organ and allows it to gain strength, while its work is lessened.

—It is a fact not so generally known as it should be that a small stream of water poured from a considerable height on the scrotum will cure any case of simple congenital hydrocele.

—Dr. J. G. U. West reports a case of recovery after two ounces of chloroform had been swallowed, by subcutaneous injection of three quarters of a grain of atropine.

—Dr. Ward Cousins recently showed to an English medical society an incisor tooth removed from the orbit of a child two years of age. It was perfect in outline and structure. Mr. Tracy did not regard it as the product of a dentigerous cyst, but as a specimen of a displaced tooth during an early stage of development.

—The *Medical Summary* says that unless the profession take active measures to combat the already existing habit of absinthe drinkers a nation of demented idiots will soon arise in our country.

—Talma, of Pesth, recommends a drink containing a small quantity of hydrochloric acid after each meal in diseases of the stomach. He says it hinders fermentation, and exercises an antiseptic action on the contents of the organ.

—In *L'Union Med.*, Baudry reports two cases of chancre of the eyelids in infants. The method of infection was the same in both cases. The children had blepharo-conjunctivitis, and the nurse, who was syphilitic, had removed the crusts with her finger, moistened in her mouth.

—There is an old man employed as night porter at a workhouse in England. He sometimes dozes in his chair at the lodge-gate, but is seldom undisturbed for half an hour at a time, and the longest sleep he has had in the seven years at a stretch was one of three hours. He is seventy-four years of age, but quite hearty and in capital health; he has become a teetotaler, and gave up smoking a few years ago from motives of economy. After concluding his night watch at the gate he goes on a day watch as assistant porter at the workhouse, and does this double task without relief or change.

—Dr. Laurence Johnson, in his recent inaugural address before the Medical Society of the County of New York, said:

"The manner in which one particular bureau of the Health Department is conducted—that of Vital Statistics—is a matter of interest both to the profession and the people. I presume there are few members of this Society who have not, at one time or another, been greatly annoyed, not to say injured in professional standing, by the return, for correction, of certificates of death upon the flimsiest pretext. No honest man doubts the necessity for rigid scrutiny of such certificates, but such scrutiny can be made without discourtesy, and trivial errors corrected without a degree of annoyance to both physician and friends, that is as mischievous as if incited by malice."

The matter was referred to a committee which would be glad to hear from any who think they have grounds for complaint.

—Dr. Eberle, who was cautious in his assertions and philosophical in his deductions, said: It is stated by authors that persons afflicted with *tænia* become uneasy and ill whenever they hear music, particularly the music of an organ at church. This looks more like a conscience ill at ease than the *morbus verminosus*.

—The Queen of Italy employs a female physician.

—It is said that pneumonia is unknown in the polar regions, and common on the Mediterranean, increasing in a direct ratio from the poles to the equator.

—A woman with an unprecedented career for one of her sex has lately died in Cochin China. Beginning as a waitress in a little drinking shop in the Quartier Latin of Paris, she passed, while still very young, through the usual experiences of a Parisian grisette, and became connected with a medical student who frequented the shop. Her instinct was irresistible. No sooner did she come in contact with his books and instruments than she fell upon them and literally devoured the knowledge they contained. She availed herself of his teaching, too, and drew from him everything he learned, so that by the time she had reached the age of twenty-six she presented herself for examination as a surgeon, and passed the ordeal triumphantly. She soon recognized the field that lay open before her in the Egyptian harems, to which male surgeons were not admitted, and where women suffered unspeakable torments for the lack of proper attendance. At Cairo she speedily established a large practice, and had every prospect of doing well, but her early habits of dissipation had become rooted and were unconquerable. She plunged into inconceivable debaucheries. Her career of vice brought her to an Egyptian madhouse. After six months of this severe but salutary *regimen* she recovered her mind. She made her way out to the French colony in Cochin China. Here her talents and her beauty won her instant recognition. The old queen mother of Annam had been blind for years, and hailed with delight the prospect of relief held out to her by the French physician. Madame Ribart, however, died suddenly the day before the operation was to be performed. Probably no European woman ever knew so much of the inner life of the harem in the East and its dark side as this ex-grisette.

—The first woman surgeon qualified in Great Britain was invested with the letters testimonial of the Irish College of Surgeons recently under the new power granted to it by its charter of 1885.